Clinical Lecture

ON A SERIES OF

CASES ILLUSTRATING SOME OF THE SURGICAL ASPECTS OF CONSTIPATION.

Delivered at St. George's Hospital,

BY WARRINGTON HAWARD, F.R.C.S. ENG.,

SURGEON TO THE HOSPITAL.

GENTLEMEN,—I wish to-day to call your attention to several cases illustrating the causes, effects, and treatment of chronic constipation, and to make some remarks upon the subject from the surgical point of view.

CASE 1.—In the Egremont ward there is a young and apparently healthy man. He gives a history of gradually increasing constipation for the past two or three years; the bowels acting sometimes every second day, but often only every third or fourth day. This he attributes to mere carelessness, and neglect to give the bowels the opportunity of evacuation. But during the last fortnight a fresh symptom has arisen, for which he comes to the hospital. It is this: that even when he feels the desire to defecate, he has great difficulty in obtaining a passage of fæces; so that, though the bowel feels full, he often gives up the attempt till next day; and this he is the more inclined to do because defecation is accompanied and followed by very severe pain. The pain radiates from the anus, is severe enough to make him feel sick and faint, and lasts from an hour to three hours after the bowels act. He begged me not to examine the bowel without an anæsthetic, as an attempt to do so had, he said, given him such great pain that he could not bear its repetition. The symptoms pointed so clearly to the presence of an ulcer of the anus that we deferred any examination till the bowels had been cleared by a dose of castor oil. Then he was placed under the influence of ether, and in the lithotomy position, and the rectum examined. The forefinger of each hand being introduced into the rectum, the anus was dilated by separating the fingers. We were thus able to see clearly an oval ulcer on the posterior aspect of the bowel, just within the anus. The lower margin of the ulcer was slightly overlapped by a small fold of swollen mucous membrane. A knife with a rounded end to the blade was passed into the bowel a little beyond the limit of the ulcer, and an incision made through the base of the ulcer and to about a quarter of an inch into the underlying tissue, a strip of carbolised gauze introduced into the incision, and the patient returned to bed. He has been entirely free from pain since the operation. A dose of castor oil was given on the third day, and since then a teaspoonful of compound liquorice powder every second night, so as to keep the bowels acting easily. The ulcer is very nearly healed, and he is going home in a few days.

CASE 2.—On the opposite side of the ward is a man from whom a few days since I removed a mass of hæmorrhoids with the crushing clamp. This patient had also suffered for years from constipation, which had lately become more severe, and he also sought the hospital, not because of his constipation, but because defecation had become very painful. The pain in in his case was due to the passage of hard fæces over a mass of hæmorrhoids about an inch within the anus, the surface of which was in several places ulcerated. In this case the pain and difficulty of defecation have been cured by the removal of the hæmorrhoids and attention to the action of the bowels, a soft motion being obtained every day by the aid of a little compound liquorice powder.

CASE 3.—I saw a few weeks since a lady who had been confined five months before. During her pregnancy the pressure of the gravid uterus had led to the development of large masses of venous hæmorrhoids, which often protruded during defecation. After the birth of the child these to a great extent subsided, but two small groups remained, and were invariably protruded with a considerable piece of the adjacent mucous membrane whenever the bowels acted. The patient was habitually constipated, and the bowels acted only every second or third day. All this, however, she thought but little about, but my advice was sought because after an action of the bowels a few days before she had been seized with intense pain, accompanied by sickness and faintness, and which lasted for several hours. Two days after this she felt a desire to go to stool, but was immediately attacked with the same severe pain, so that she could not obtain an evacuation. The pain was relieved somewhat, however, by an enema which emptied the bowel. On examining the bowel with the finger and with a dilating speculum, I found the anus and mucous membrane relaxed and a few dilated and slightly thickened veins, which formed the small lump protruded during defecation; but the pain was explained by the fact that over one of these prominences the mucous membrane was superficially ulcerated, so that when hard fæces passed into the lower part of the rectum the ulcerated surface was pressed upon and irritated, and hence the severe pain both before, during, and after defecation. In this case relief was speedily obtained by ensuring a soft daily motion, and by the application of suppositories of grey oxide of mercury and cocaine, aided by rest in the recumbent position after defecation or exercise, and by regulation of the diet.

Here, then, are three cases in which you will observe that advice was sought, not because of constipation, but because of pain, and in each instance the pain was due to the presence of ulceration of the rectum. They are illustrations of a vicious pathological circle; for, firstly, these patients had all become habitually constipated, then the constipation led to ulceration, and the ulceration kept up the constipation. The pain in all of them was characteristic of ulceration of the *lower* end of the rectum, for not only was it very severe at the moment of defecation, but it continued for a considerable time afterwards, and, moreover, was accompanied by intense spasm of the sphincter. Ulceration higher up in the bowel does not give rise to this kind of pain; but wherever the mucous membrane and skin join at the various natural orifices, you will see that the parts are very sensitive, that they have a rich nerve supply, and great reflex activity. Hence it is that an ulcer near the anus gives rise to a spasmodic resistance to the onward passage of the contents of the bowel, and so keeps up constipation; and for the same reasons you will find that a deeper degree of anæsthesia is necessary for operations upon the rectum than for those on most other parts of the body.

Case 1 was a typical instance of ulcer or "fissure" of the anus: a narrow oval ulcer just within the anus, most often, as here, on the posterior aspect of the bowel, and of extreme sensitiveness. If the ulcer has existed for a few weeks its edges become raised and hard, and its lower margin is often partly covered by a projecting fold of mucous membrane. Pass the palmar surface of the right forefinger gently over the nail of the left forefinger from its tip to its root and on to the skin of the phalanx, and you will obtain a very good idea of the sensation conveyed to the finger by an ulcer of the anus; the edge of skin round the root and sides of the nail feels almost exactly like the hardened edge of the ulcer. Directly you attempt to pass the finger into the bowel to examine such a case, you find the sphincter spasmodically contracted, and this contraction, and the great pain caused by any effort to overcome it, often make it impossible to examine the bowel without the administration of an anæsthetic. It is in this way that the constipation is perpetuated; for as soon as the fæces reach the position of the ulcer the sphincter is provoked to such powerful contraction, and so much pain is produced, that no voluntary effort is sufficient to obtain an evacuation, and the attempt is given up. Whenever, then, such symptoms are met with, and in all cases of constipation in which defecation is followed by severe pain of the kind I have described, you may suspect the existence of an ulcer of the anus; and it is well before your examination to clear the bowel by an aperient, then to place the patient under an anæsthetic and examine the rectum, when, if you find an ulcer, you can at once incise it. All that is necessary is to divide the base of the ulcer and the corresponding part of the sphincter to the depth of about a quarter of an inch, then to insert a small strip of carbolised gauze into the incision, and subsequently to dress it with the grey oxide of mercury ointment, or, if the healing be indolent, with Peruvian balsam. The pain is at once at an end; but it is necessary to overcome the habit of constipation by careful attention to the daily action of the bowels. A soft

motion should be obtained with the mildest possible aperient, all active purgatives being avoided; the addition of olive oil to the vegetables taken at dinner will often suffice.

Case 2 presented many of the same features, pain at and after defecation being the prominent symptom; but in this instance the ulceration was upon the surface of some hæmorrhoids, so that by removing these the ulcer was got rid of at the same time. I may say, in passing, that one great advantage of removing hæmorrhoids with the pressure clamp is that the base of the pile is rendered so insensitive by the crushing process that very little pain is suffered after the operation.

Case 3 was also a good example of the manner in which a superficial ulcer near the anus may completely prevent the evacuation of the bowels; but in this case the tendency to hæmorrhoids was subsiding, and the ulceration so slight that no operative interference was needful.

Some of you have seen several other cases in the wards, in which my colleague Dr. Cavafy, recognising the frequent dependence of obstinate constipation and painful defecation upon fissure of the anus, has requested a surgical examination of such patients, which has led to the detection and division of a fissure, and thus to the cure of the constipation.

Let me now call your attention to a group of cases in which the patients were all old people, and which illustrates a form of constipation to which the aged are liable.

CASE 4.—Dr. Cavafy asked me to examine the rectum of an old man under his care in King's ward, who complained of frequent and painful defecation. Here we found the rectum dilated and loaded with a mass of hard fæces; the finger could, however, be passed between the fæces and the mucous membrane, and no ulceration or other morbid condition was felt; a little blood-stained mucus was expelled with the finger. The degeneration of the muscular tissue of the body which occurs in old age is the cause of a form of constipation of which this case is an example. The patient's discomfort was due to the want of muscular power in the bowel, which allowed the accumulation and hardening of the fæces; and the frequent and painful efforts of the bowel, which resulted only in the passage of mucus, were attempts to dislodge the offending mass. No surgical interference, therefore, was necessary; but Dr. Cavafy wished before proceeding with the needful medical treatment to ascertain that there was no local disease to account for the symptoms. The use of enemata of oil, and the internal administration of nux vomica, led to the passage of immense quantities of hard lumpy fæces; the old man now has a comfortable daily evacuation, and says that his bowels are more easy than they have been for years.

CASE 5.—A short time since I was asked to see a case of fractured thigh in an old woman, in whom union was delayed in consequence of her restlessness, and the frequent disturbance due to what was called "constant diarrhœa." There was a good deal of tenesmus; and mucus, sometimes blood-streaked, was frequently passed, with very small quantities of feculent matter. She was taking chalk mixture and astringents. Her tongue was coated, her breath foul, and she took food badly. An examination of the rectum discovered an immense collection of hard fæces, which required the persevering use of enemata, aided by doses of castor oil, to dislodge. After this small doses of aloes and nux vomica kept the bowels acting comfortably once a day. She became perfectly quiet, her appetite returned, the fracture united soundly, and she made a good recovery.

This case is an example of what we often have occasion to observe: the production of constipation by the sudden change from an active life to one of enforced quiet. It must be remembered that many people, whose bowels are perfectly regular when taking their accustomed exercise, become at once constipated if suddenly obliged to keep their bed—as, for instance, in consequence of a fractured leg. This is a matter, therefore, which you must not neglect to inquire into when treating people under such circumstances. The case is also an example of the spurious diarrhœa due to retained fæces, and of the necessity for rectal examination to ascertain its cause.

CASE 6.—Some months ago I saw a very stout old lady of seventy, who had been obliged for domestic reasons to become sedentary in her habits. She had suffered from increasing constipation, and when I saw her was vomiting a foul fluid, very much like liquid fæces. There was a tumour the size of two fists in the left iliac fossa. As far as could be made out through the abdominal fat, the mass seemed to yield somewhat to the pressure of the finger, and the history of the case pointed to fæcal impaction. The rectum was empty, having been well washed out by enemata. An enema administered through the long tube, followed by ten grains of calomel, brought away a vast quantity of fæces, and the patient in a few days was well.

This is another instance of constipation in an old person resulting from diminished exercise.

CASE 7.—A gentleman seventy-five years of age came to me because he could not pass his catheter, which he had been accustomed to do with ease for ten years past, on account of an enlarged prostate. An examination of the rectum revealed a ring of œdematous skin around the anus, and a mass of exceedingly hard fæces blocking and distending the bowel. On inquiry he admitted that the bowels had not acted for several (he was not sure how many) days, and that he was habitually constipated. Evidently the difficulty of passing the catheter was owing to the pressure of the distended rectum. As the bladder was a good deal distended, it was necessary at once to empty the rectum, and for this purpose the hard plug of fæces had to be gradually broken down and extracted by the finger and a lithotomy scoop; for this part of the bowel had lost all power of expelling its contents, owing to its over-distention and inflammation. Having thus emptied the lower bowel, the rest of the colon was washed out with warm water, after which a catheter was easily passed into the bladder. A full dose of sulphate of soda with decoction of aloes was then given by the mouth, and this brought away large quantities of lumpy fæces, some of which were of great hardness, and evidently of long accumulation. The patient was of course warned against allowing any fæcal accumulation again to occur.

This is another instance of the constipation of old age from muscular degeneration, and it illustrates also the mechanical effects of a loaded rectum on adjacent organs. Such fæcal accumulations may give rise to serious ulceration and softening of the coats of the bowel, and in this way neglected constipation brings to an end the lives of many old people.

It was pointed out just now that the presence of hard fæces in the rectum often produces a sort of spurious diarrhœa, due to the efforts of the bowel to dislodge the cause of irritation. In the same way, it must be borne in mind that a cancerous or other growth projecting into the rectum may give rise to a similar tendency to frequent action of the bowels, which is not uncommonly spoken of by the patient as diarrhœa. On the other hand, the pressure of pelvic tumours outside the bowel, while it may cause mechanical difficulties in the onward passage of the fæces, does not produce this reflex irritation. A loaded rectum is a not uncommon cause of retention of urine in old men, in whom the pressure of a mass of hard fæces upon an enlarged prostate, and the congestive swelling due to the accompanying venous engorgement, are just enough to turn to the wrong side the balance between the expulsive power of the bladder and the obstacles to be overcome.

If now we turn to the consideration of constipation upon those at the other end of life—young children—we shall see that here again the function of the bladder is often disturbed by irritation of the neighbouring rectum; but in their case it is incontinence of urine, not retention, that results. You saw recently a little boy in Fitzwilliam ward who was sent into the hospital under the idea that he might have a stone in the bladder, and in whom the irritation of the bladder and incontinence of urine seemed to have depended entirely upon the presence of hard fæces in the rectum. Besides the mechanical irritation thus caused, children who suffer from constipation are apt to pass large quantities of uric acid, the presence of which in the urine often gives rise to incontinence. If we bear in mind the sensitiveness of the nervous system in children, and the ease with which the temperature is disturbed, we shall not be surprised at the serious symptoms to which constipation may give rise. These are conditions which come more often under the treatment of the physician; but in the surgery of children it is no less needful to take heed to the condition of the bowels; and the record on the last line of our temperature charts, which shows the action of the bowels, will often be seen to have a direct relation to that of the temperature shown above it, a glance at that last line frequently indicating to us the prescription of a purgative rather than of a sedative to a restless child. The effect of constipation upon the temperature is illustrated by the following case.

CASE 8.—This was a boy aged ten in the Egremont ward, who was admitted on account of a number of large

chronic abscesses. These were opened, drained, and dressed antiseptically. Of course we watched the temperature, and one day we observed with anxiety that it had risen to 104°. We naturally feared that some septic process had commenced in the abscesses, yet a careful examination revealed nothing wrong. Further inquiry led to the discovery that the boy's bowels had not been opened for several days. This was the only thing which we could find as a possible cause for the high temperature. He was given a purgative, and as soon as it had acted the temperature came down to the normal. This series of events recurred on two other occasions, the temperature coming down every time as soon as the purge had acted.

Two cases may here be related in which constipation arose in young children in consequence of mechanical conditions requiring surgical treatment.

CASE 9.—This was an infant five months old, who suffered much from constipation, with difficulty and straining on defecation. This was due to a congenital smallness of the anus, which had not been noticed until, with the increasing age of the child, the motions became of sufficient firmness to pass only with difficulty. The anus looked natural at first sight; but when the buttocks were separated the opening was seen to be funnel-shaped, and narrowed to the size of a No. 4 catheter. With perseverance, however, the little finger could be introduced, and subsequently the forefinger, and by the use of daily dilatation the contraction was overcome. Such cases are rare, though I have seen a few of less degree than the one mentioned.

CASE 10.—In 1882 a little boy four years of age was brought to me on account of increasing difficulty in defecation, the result of contraction of the scar of a scald over the buttocks and round the anus, which he had suffered when about eighteen months old. In this case bougies of gradually increasing size were passed daily and retained in the rectum for ten minutes, and thus, after long perseverance, the contraction was overcome.

As we pass from childhood to adult life, the cases of constipation which come under the notice of the surgeon are mostly those dependent either upon ulcer of the kind already spoken of, or upon narrowing of the bowel due to syphilitic, cancerous, or other forms of stricture. Of these last I do not propose now to speak. But there is a form of constipation met with in girls to which I would next draw your attention. It may best be illustrated by the relation of a case.

CASE 11.—A young lady of nineteen, the sister of one of our pupils, was brought to me on account of a lateral curvature of the spine. There was a slight curve, the convexity in the lumbar region being to the left. The patient complained much of a dull pain in the loins, especially on the left side. She stooped a good deal, and was very easily fatigued. She was, moreover, extremely thin and anæmic, had but little appetite, a coated tongue, foul breath, and very cold hands and feet. An examination of the abdomen revealed a large fæcal accumulation in the sigmoid flexure, and on being questioned she admitted that the bowels were extremely constipated, often acting only once a week.

This is one case out of a series of the same kind that has come under my notice, in which a supposed lateral curvature is merely the habitual position assumed by young girls suffering from obstinate constipation and loaded sigmoid flexure. Such cases are best treated by massage, feeding, and aperients, under which the anæmia disappears, the bowels recover their power, appetite is regained, flesh is made, and the yielding of the spine comes to an end.

In older women, constipation, and the consequent loading of the pelvis with fæcal accumulation, is a not uncommon cause of impediment to the venous circulation of the lower limbs. An instance of this was recently in the hospital, in which we found œdema and pain in the left lower extremity of a woman aged fifty-two, and which depended entirely upon an accumulation in the sigmoid flexure and rectum.

You will frequently have occasion to notice also the beneficial action of purgatives on the eczema and eczematous ulcers so commonly affecting the legs of women. In the case of a cook lately in Harris ward, you may have seen that, in addition to a troublesome eczema of the legs, there were numerous minute spots of purpura scattered over the adjacent skin, and that the itching of the skin forming the margin of the eczematous patch was almost intolerable. Now this patient was habitually very constipated, and all these symptoms were rapidly and strikingly benefited by the free administration of saline purgatives; whereas the slightest tendency to constipation was at once attended with a return of the itching, and on one occasion with a recurrence of the purpuric extravasations.

Let me point out to you one more case in the hospital, showing the effect of constipation in connexion with injuries of the head. Everyone is probably aware that constipation is apt to produce a feeling of fulness of the head, and most persons have experienced the relief of a headache clearing away after a free action of the bowels. This is seen most noticeably after head injuries, in which you will frequently see a remarkable diminution in pain and cerebral excitement ensue immediately upon the action of a free purge.

CASE 12.—In the Oxford ward is a man, aged twenty-five, who was admitted on account of a severe head injury, which had no doubt caused a considerable extravasation of blood on the surface of the brain. He was insensible when admitted, but gradually recovered some consciousness. As is often the case in head injuries, the bowels were very difficult to move, and he required frequent active purges. One day this man had a severe convulsion, and became very drowsy and stupid. We then found that in spite of repeated doses the bowels had not acted for three days. He was at once given an enema, followed by ten grains of calomel and twenty of compound scammony powder. This produced one copious evacuation, after which he was at once much more sensible. The bowels have, however, been very obstinate, and you have had the opportunity of seeing how drowsy and stupid he always becomes when constipated, and how he immediately improves after a purge.

In connexion with the subject of constipation, one ought, perhaps, to mention that persons are occasionally met with in whom the natural condition seems to be for the bowels to act only at intervals of several days. I have lately been attending a boy for a local complaint, whose health was apparently perfectly good, and whose bowels had regularly acted but once a week as long as he could remember. His father told me that this peculiarity was common to himself and nearly all the members of his family (a rather large one), and that he should certainly consider himself seriously ill if his bowels acted every day. Moreover, lest you should think that constipation is a condition necessarily calling for the administration of purgatives, let me remind you that there is a physiological constipation which is the natural mode of rest to an inflamed or injured bowel, and which should not be interfered with. Thus, after the operation for strangulated hernia, we abstain from giving purgatives until the bowel has sufficiently recovered to act spontaneously; and so also, in inflammatory conditions connected with the intestines, it is often best not to interfere with the resulting inactivity of the bowels. To illustrate this, I will mention one other case which you have had the opportunity of watching.

CASE 13.—This is a man, twenty-two years of age, in the Hunter ward, who was admitted with a history of chronic constipation, to which had been added during the last ten days a painful swelling in the right iliac fossa. On looking at the patient you saw at once that he was very ill. He had an anxious expression; he lay on his back with his knees drawn up; he was occasionally sick; his pulse was 120, tongue dry and red, and the bowels had not acted for four days. On inspecting the abdomen, you noticed that, whereas there was a depression of the abdominal wall over the left iliac fossa, the corresponding portion on the right side was prominent; moreover, the abdominal muscles scarcely moved on respiration, and if you placed your hand upon the iliac region, you found that on the right side the muscles were hard and contracted, but on the left in a natural state of relaxation. The swelling in the right fossa was tender, but gentle pressure made evident a somewhat rounded mass deeply placed and below the abdominal wall, and which we took to be a fæcal collection in the cæcum, around which was inflammatory swelling. Now, in this instance you will have observed that we carefully abstained from giving purgatives, even though there was a large fæcal mass to be got rid of, because of the evidence of inflammation of and around the bowel. We simply gave him opium, and for food a very small quantity of milk. A pillow was placed under the knees and a linseed poultice over the iliac swelling. Under this treatment the inflammatory swelling gradually subsided, and at the end of ten days the bowels acted and a large motion was passed. Then, and not till then, did we venture to assist the evacuation of the bowels by enemata and subsequently by doses of castor oil.

Introductory Lecture
ON
UNFIXED TERMS IN PATHOLOGICAL EQUATIONS.

BY WILLIAM RUSSELL, M.D., F.R.C.P.E.,
LECTURER ON PATHOLOGY IN THE SCHOOL OF MEDICINE; PATHOLOGIST TO, AND CLINICAL MEDICINE TUTOR IN, THE ROYAL INFIRMARY; PHYSICIAN TO THE NEW TOWN DISPENSARY, EDINBURGH.

GENTLEMEN,—The work which we have specially to do here is to study the changes which occur in the various organs and tissues of the human body in disease. We have further to trace the evolution of these changes, and to discuss their causes and their consequences. This does not, however, include all disease. There are many conditions you will meet with as practitioners of medicine which have a comparatively uninteresting or an altogether unknown morbid anatomy, and which you will not find described in any work on pathology, but which are nevertheless of the utmost importance.

Disease literally means absence of ease or comfort, so its range is wide; and yet it includes much which is not associated with any consciousness of discomfort. It may in its beginnings be regarded as an alteration or modification of function. What is this modification of function, and what do we know about it? We have many facts stored from long observation and experience, but our knowledge of the intimate changes implied in modified function is practically *nil*. Take as an illustration the introduction of narcotics into the circulation. One paralyses the thinking centres; another paralyses the motor centres; a third arrests respiration; a fourth paralyses the heart; and a fifth in proportional doses may do all four. These effects are attributed to the drugs, and we are accustomed to regard them from this standpoint only; but we may ask the question: Is there not an animal or human term in the equation? Must there not be some law of affinity? If the narcotic directs its influence towards, and spends its power on, a certain group of cells, say in the medulla, must not they on their part present certain enticements (if we may so put it) to it to do so? Must there not be both the aggression by the narcotic and the drawing by the cell? Does the cell wantonly revel to its own destruction, or is it simply a victim falling in the fatal embrace of the narcotic? These are interesting questions, and they have not hitherto been much studied. And then, if there is this law of affinity, what is it dependent upon? Is it some delicately adjusted arrangement of visible particles, or some cunningly devised and elaborate chemical formula? We can only assume that one of these it must be; and if we concede this, we are met with the stupendous fact of, let us say, the variety of the molecular arrangements or the infinity of chemical formulæ represented in the great multitude of cells in the nerve centres alone. Does every little speciality of function imply a like speciality of structure? Have the cells whereby we feel pain a different structure from those which store up pathological facts, and, indeed, knowledge of all kinds?—and if they have, is it a chemical difference, or only a difference in the arrangement of granules? In the one cell do the granules move when in action in the form of a spiral, and in others do they collect themselves and diffuse themselves as the pigment granules do in the cells of the dermal covering of the frog? Function, indeed, in so far as we may judge of a whole by the revelation of a part, implies modification of structure; the cells in the peptic glands swell and burst when in functional activity, and so with the cells of other glandular organs. In many instances the deviation of structure is as palpable as the presence of function, but this is by no means universal. In many conditions the changes in the cells have still eluded us, if, indeed, as much attention has been paid to the subject as it deserves.

There is, next, what we may call instability of function. You all know how easy it is to put certain persons into a rage. The manifestation of temper is but the result of an unstable condition of cerebral nerve cells and their undue explosiveness. A similar explosiveness in motor nerve cells produces a clinical, if not yet a pathological, entity in the form of epilepsy. This instability shows itself in other persons in the bronchial muscles. Atmospheric conditions which pass unnoted by the average respiratory organs set those of the asthmatic into rigid spasm, and interfere grievously with the respiratory function, and there is again a clinical entity presented to you, while it remains a matter of speculation as to what really is the modification of structure which is expressed by this instability, and yet there must be some modification. Most probably it is a chemical rather than an anatomical one, the chemical equilibrium or health equation being altered by influences inappreciable to the more stable and ordinary equation. The intricacy of the problem you can readily appreciate; and how hopeless is at present the outlook that pathological chemistry should ever solve it; and yet on its solution depends any advance that may be made in our knowledge of what we call constitution on the one hand and temperament on the other.

The whole question of constitution is of the greatest practical and scientific interest; for it determines in a great measure the pathological history of individuals, families, and races. You will frequently meet in your practical work individuals who present the most striking susceptibility to become attacked by the infective diseases. I have known even medical men who seemed to catch, or, rather, who were caught by, everything; whilst others weather epidemic after epidemic, seeming to bear as charmed an immunity from infection as some great generals appear to have from bullets. But the question of individual constitution is manifested in other ways. Take, for instance, the introduction of extraneous matters into the digestive tract and their absorption from it. One individual takes twenty or thirty grains of iodide of potassium several times daily without the development of any pathological manifestation, while another takes two grains and there follows a morbid increase of function of the nasal mucous membrane. The same is true of arsenic as regards its effect on the intestinal mucous membrane and the conjunctivæ. But the deleterious substances may be produced within the body. In the process of digestion there are various poisonous substances produced and absorbed which are normally transformed by the liver into material fit for the nourishment of the tissues, or are arrested by it and excreted in the bile. If, however, from any cause the liver is unable to cope with all the work thrown upon it, some of the poisonous matters pass into the circulation, while others are not removed from it. The variety of result, as seen in the individual, is of considerable interest. In one there is an attack of gout with acute inflammation of a special joint; in another there is extreme mental depression and physical languor; in a third there is an evanescent urticaria; and in a fourth there may be an intractable eczema or psoriasis. But there is perhaps a still stranger side to this. In some individuals a very small quantity of the juice of the poppy administered by the stomach will bring on sickness and vomiting, while in another a like quantity will produce the most delightful sense of mental exhilaration. It may be said this is mainly a stomach question. I doubt it, for the alkaloids of the poppy introduced hypodermically may act similarly, so that I incline to regard it as a question of constitution in groups of nerve cells; in the one case those of the medulla, in the other those of the higher cerebral regions.

Analogous phenomena are presented by families. Some are not only notoriously liable to take, say, infective diseases, but to develop them in a very malignant form. Every now and again you will find a family in whom scarlet fever is almost certain to be fatal. This is not always a question, as it is usually regarded, of virulence on the part of the specific poison, but rather one of family constitution—family chemical structure in reality. You see how very important and far-reaching is this personal term in pathological problems. It might be followed further into the questions of phthisis, into the problems surrounding premature degeneration of arteries, and into all kinds of minor ailments, such as catarrhs of various systems. It can also be observed in races. Yellow fever is very fatal to the white man, but the negro is proof against its fatal influence. On the other hand, some diseases prevalent amongst long civilised peoples, and by no means to be classed amongst the most deadly, assume an extreme virulence when introduced amongst less civilised peoples. This is true of measles, for example. I want you specially to bear in mind this personal factor, for there is a tendency to lose sight of it in the study of pathology, and

more especially in the study of morbid anatomy, which is but a part of pathology. Unfortunately we are not at present in a position to speak more definitely on the subject; the differences in structure to which the phenomena we have referred to undoubtedly point have only been slightly elucidated by investigations into vital chemistry, and we are not sanguine that they are likely soon to be fully revealed to us.

Let us now look at the individual from the morbid anatomy standpoint, and see if individual tissues present anything analogous to this idiosyncrasy in function; if there is any tendency on the part of certain structures to depart from the normal structure, as we have seen they could depart from the normal function under the influence of obscure, and indeed unknown, causes. The most striking illustrations of this are to be found in the nervous system—the brain and cord especially the latter, so far at least as our present knowledge goes. In the cord there are various well-defined strands of nerve fibres and well-defined groups of nerve cells. What does morbid anatomy reveal? It shows that changes occur in specialised strands, and that they may be to a considerable extent confined to these. Passing to the groups of nerve cells, we find a degeneration or atrophy of the large cells in the anterior cornua in a well-known disease in children—infantile paralysis. In adults there is a similar degeneration of these cells, which begins insidiously, but advances from cell to cell with almost unerring and fatal certainty—I refer to progressive muscular atrophy. In other cases, if we examine the white substance of brain and cord, we find scattered throughout it islets formed by an abnormal growth of connective tissue, and which materially interfere with the functional vigour of the parts in which they occur. In all these cases we have no clue to the special conditions of the tissues in the various regions which lead to those morbid anatomical changes. In some of them one would almost think they were the result of what our friends on the other side of the Atlantic would call "pure cussedness," for why the great trophic cells of the anterior cornua should in certain persons begin prematurely to shrivel and decay is a riddle to which pathology cannot even suggest a solution, and one of its most mysterious aspects is that the condition spreads from large cell to large cell with as much certainty as if there were a reproductive infective element at work.

Let us next look at some unfixed terms in the phenomena of the infective diseases. In these there is a poison introduced into the body which has the power of self-multiplication. We have already referred to this when speaking of the part constitution plays in the production of disease. But *all* the effects of morbid influences upon the body require to be recognised and used for the elucidation of pathological problems. Let us look at typhoid fever in the first place. From a morbid anatomy standpoint it is characterised by ulceration of definite structures in the small intestine, and by certain secondary changes in other abdominal organs, as the glands and spleen. We will not stay to consider the question why Peyer's glands should be the structures specially affected by the poison peculiar to typhoid. Nor need we say more about the nature of the specific poison than repeat that it is capable of self-multiplication, and that poisons which behave thus are vital poisons, and that modern research points to micro-organisms as the essential factor in their production. Now, there are diseases produced by micro-organisms—such as ringworm, for example—in which the local lesion is the alpha and omega of the condition. In typhoid fever there is, however, another element and another term in the equation. It may kill irrespective of the extent of its anatomical lesion, and it does so probably, I might say certainly, by the generation and the reception into the circulation of a poison which produces a true toxæmia. It is not the micro-organism but a product of it, and it kills in the same way as a dose of curara would. The question arises, May this throw any light or suggest any possibilities as to the phenomena of some other diseases—such as scarlet fever, for instance? In this fever there are terms the values of which are not yet fixed. It is characterised by a rose-red rash on the skin and mucous membrane of the palate and by a high temperature. It is, indeed, quite the type of affection in which it would be expected that a micro-organism ought to be found. From the presence of a rash, and the further fact that after the subsidence of the rash the cuticle desquamates, coupled with the popular and almost universal belief that the desquamating cuticle reproduces the disease when brought into contact with persons who are not proof against it, have led to special efforts to discover in the blood and cuticle the organism which, it is presumed, is the cause of the morbid phenomena.

The observations hitherto made are not conclusive, and without seeking for a moment to prejudice our future position when further investigations have been made, there is a possible view which has in the main been lost sight of. It is this: that the specific micro-organism may be confined to some special locality—perhaps the throat, but perhaps some hitherto undiscovered spot—which forms the spawning ground of the organism, and that from there poisonous matters called ptomaines are absorbed into the system. These ptomaines are the poisons which are produced by the living and dying of micro-organisms, and there is abundant proof that they can kill even when separated entirely from the organism producing them. This is, I should say, almost certainly the way in which diphtheria kills—that is, by the virulence of the ptomaines produced in the throat and thence absorbed into the circulation. But in scarlet fever there is a rash and desquamation, while in diphtheria there is neither, and the question naturally arises, Are these sufficient to indicate the probability that the poison which directly produces the rash by its irritation is a vital poison, as distinguished from a chemical one? Analogy answers in the negative. In certain individuals shell fish or some other special article of diet, or, indeed, a disordered stomach digestion, from whatever cause, produces a skin eruption called urticaria; in other persons what is called a gouty constitution, and which implies the presence of certain substances in the blood, produces skin irritations manifesting themselves as a psoriasis or an eczema. In none of these cases can it be for a moment assumed that the local morbid change is due to the presence of a micro-organism in the blood: the poison is chemical, not vital. There is still further proof of this in the fact that various substances which we use as drugs very readily produce skin eruptions in some persons. I have, for instance, seen a rash produced by the internal administration of belladonna very closely resemble that of scarlet fever. You see, then, that the mere presence of the rash does not necessarily imply that the specific organism is present where it occurs. Chemical poisons, such as the ptomaines, are quite sufficient to produce it. The rash is of course only an inflammatory redness set up by an irritant reaching the skin, and the desquamation which follows depends, in the main, on its intensity. It cannot be assumed that even the desquamating cuticle contains the specific organism. Many proofs might be advanced in support of this, but I shall only mention the latest fact I have observed—namely, a typical case of typhoid fever where there was profuse desquamation during convalescence; not however so profuse as occurred in the same patient a year before, after a very sharp attack of scarlet fever.

I have thus, gentlemen, sought to bring under your notice some factors in disease which, while their exact value is unfixed, are evidently of the utmost importance. I all the more readily do it now, as there is so much of detail in our subject that there is little time for the consideration, much less for the contemplation, of what might be regarded as some of its great underlying principles.

THE FACTORS THAT DETERMINE THE

HYPERTROPHY OF THE SKULL IN MOLLITIES OSSIUM, OSTEITIS DEFORMANS, RICKETS, AND HEREDITARY SYPHILIS.

BY W. ARBUTHNOT LANE, M.S., F.R.C.S.,

SENIOR DEMONSTRATOR OF ANATOMY, GUY'S HOSPITAL; ASSISTANT SURGEON TO THE HOSPITAL FOR SICK CHILDREN.

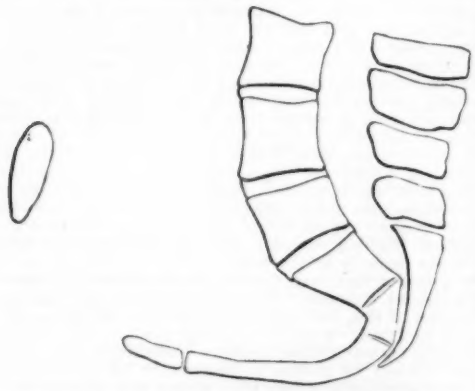
ONE cannot but be much struck by the habit which exists amongst us of enumerating the pathological conditions which together represent any given disease, without any attempt being made to arrive at the physical causes which determine the development of these several appearances. Instead of carefully defining the laws which govern their production, we rest satisfied by regarding these changes as being the direct result or expression of each disease, the

term "disease" being made use of in a very lax manner, and being possessed of different connotations in the language of different pathologists.

In a paper[1] in the *Journal of Anatomy and Physiology*, 1887, and in a subsequent paper[2] in the Guy's Hospital Reports, 1887, I considered very fully the curvatures which the long bones of the lower extremities develop in mollities ossium, osteitis deformans, and rickets, and I was able to show that the changes in form which these long bones undergo follow very definite mechanical laws, and that they are secondary to a preceding alteration in the shape of the sacrum, by means of which the lumbo-sacral articulation is displaced forwards and downwards from its normal relationship to the iliac bones and hip joints. This change in the relative position of a joint, through which the whole superjacent weight of the head, trunk, and upper extremities is transmitted to the pelvis, necessitates a flexion of the hip and knee joints when the erect attitude is assumed; and the long bones being retained for a long period of time in an antero-posterior plane, and being subjected to a mechanical tendency to produce yielding in that plane, are not sufficiently strong to withstand that tendency and undergo a consequent alteration in form and develop an arch whose convexity is directed forwards. They may also yield in a vertical transverse plane and form curves whose convexities are directed inwards or outwards, the direction being determined chiefly if not entirely by the relative position of the feet to one another.

I obtained the first clue to the conclusions at which I

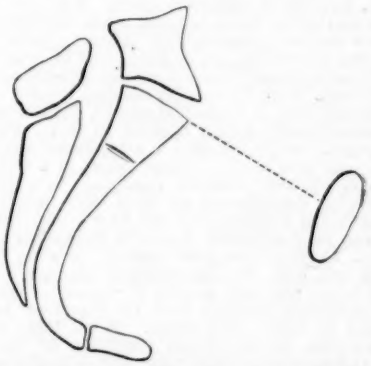
FIG. 1



Representation of a vertical median section through a pelvis removed from a case of mollities ossium (female).

finally arrived from a study of the changes in form which the several portions of the human skeleton undergo in feeble old age, and from an analysis of the laws which govern those changes. I found that the sacrum is the first bone to alter in form under the influence of pressure in the degenerating skeleton, in such a way that the lumbo-sacral articulation is displaced forwards and downwards, and that, in consequence of this change in the relative position of this joint to the iliac bones and hip joints, when the feeble old subject assumes the erect posture the trunk is retained in a position of flexion upon the thighs. I applied the same arguments to the analogous conditions present in mollities ossium, osteitis deformans, and rickets, and I found that the mechanical conditions were practically identical, and that the long bones of the lower extremities, rendered soft by excessive or premature decay in the mallacic subject, and by disease of a questionable nature in osteitis deformans and rickets, were unable to withstand the tendency to undergo change in form which a preceding alteration in the shape of the sacrum originated, and that in consequence they develop forms which are regarded as peculiar and characteristic of each condition or disease. Figs. 1, 2, and 3 illustrate the displacement of the lumbo-sacral articulation in specimens of mollities ossium, rickets, and osteitis deformans which I have dissected. I will not dilate at present upon the interest of these facts from a pathological standpoint, or upon their importance from a practical point of view, as I think they are sufficiently obvious. I have enumerated them here, as they serve as a stepping-stone to the point to which I wish to call attention in this paper, and that is the thickening of the skull which is present in mollities ossium, osteitis deformans, rickets, and congenital syphilis. I hope to show that this increase in the thickness of the skull is not the direct effect of the process of disease

FIG. 2.

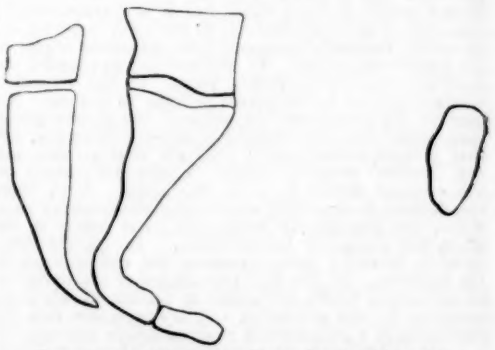


Representation of a vertical median section through the pelvis of an adult female subject whose bones showed very extensive rickety changes.

or excessive decay, but a vigorous effort on the part of the organism to oppose the direct results, and limit their deleterious effect in a simple mechanical manner.

Besides the increased thickening of the skull-cap, there is another character which precedes it, and which is common to the several conditions which I have enumerated. It is a diminution in the firmness and hardness of the cranial vault, which is unable to resist as much pressure as the normal skull and to retain the several portions of the brain in their exact relative and normal positions. As this softening of the flat bones precedes the thickening, I think that on con-

FIG. 3.



Representation of a vertical median section through a pelvis obtained from a case of osteitis deformans.

sideration it will be obvious that the latter is consequent upon and necessitated by the former, and therefore not a direct result of the disease, but an attempt to oppose its progress and results. The brain, on account of its extreme importance to the vitality of the individual, is more carefully and completely guarded from injury than any other organ in the body. After it has reached a certain stage in its development it is covered by a rigid and practically unyielding case, in which the complex and delicately structured organ is floated in a fluid medium. By

[1] The Factors that determine the Deformities of the Lower Extremities in Rickets, Mollities Ossium, and Osteitis Deformans.

[2] The Causation, Pathology, and Treatment of the Deformities that develop during Young Life.

this means it is preserved from the influences of forces which might be insufficient to produce any ill effect on any other organ, but which would materially impair its integrity. In proportion as we find so much care bestowed upon the brain in the normal healthy subject, do we observe that in a general diminution of the strength and density of the osseous system a vigorous attempt is made to shield from harm that organ which is most influenced by the diminished resisting power of the skeleton. It is quite obvious that the brain is, much more than any other organ, exposed to injury by any considerable decrease in the density and strength of the osseous system; and however little capacity for repair is present, as in mollities ossium, the whole, or almost the whole, of it is concentrated upon the strengthening and thickening of the brain case, apparently at the expense of the osseous system generally. In diseases such as osteitis deformans, rickets, and congenital syphilis, the function of sheltering the brain has the first claim upon the fund of repairing capacity, the remainder being distributed among the several other portions of the osseous system in proportion to the importance of the demand of each. This is particularly apparent in osteitis deformans.

I will allude briefly to some points in the pathology of mollities ossium, to which I called attention in a paper in the Transactions of the Pathological Society, 1884.[3] In it I opposed the view of the pathology of the disease held by Rindfleisch, who describes the bone as being decalcified and then converted into fibrous tissue, the fibrous tissue subsequently undergoing a mucoid change. I did so on the following grounds. In an early case of mollities ossium I found that the spaces in the softened bone of the skull-cap were much smaller than those in that portion of the bone that was yet hard, and this transition from the comparatively large spaces in the normal diploë to the very fine reticular network in the soft pliable bone was very distinct in and about the spreading margin of soft bone. If the process, as explained by Rindfleisch, were true of the skull, we ought to find the spaces in the soft bone filled with mucoid material, and much larger than those in the nearly normally hard bone. It is difficult to understand the application of his theory to the thick soft skull seen in an advanced case of mollities. I examined sections made through the hard and the soft pliable portions of the vault of the skull, and I found associated with the general decalcification a deposit of decalcified lamellæ of fibrous tissue upon the enfeebled bony trabeculæ, gradually diminishing the calibre of the intervals between them. This endosteal deposit of a decalcified strengthening callus is followed at a later date by a similar periosteal deposit on the outer surface of the skull. I think that Rindfleisch saw the same microscopical appearance as my sections presented; but he regarded the fibrillation and cell deposit lining the decalcified trabeculæ as being another downward grade in the process of its conversion into mucoid material, and a stage of degeneration; while I regard the fibrous tissue as *an effort to strengthen and repair*, by a callus, which is, owing to the want of recuperative power in the individual, unprovided with lime salts. I think that we occasionally see an analogous condition in the healing of fractured bones in very debilitated subjects. In proof of my hypothesis, I examined in the same mallacic subject sections of what were apparently ununited fractures of the body of the pubes, of the rami of the pubes and ischium, and of the ribs. I found that these joints occupied certain definite positions, that they were not ununited fractures, but were the result of a local and excessive strain. Excessive pressure or strain exerted at a great mechanical advantage upon any point of a bone of a mallacic subject produces a rapid local increase in the process of decalcification. This increased local decalcification is of necessity associated with an endosteal, and subsequently with a periosteal, deposit of fibrous tissue or decalcified callus, the endosteal deposit filling up the spaces between the softened trabeculæ on which it is deposited, and the periosteal formation forming around the abruptly softened area of bone, a prominence or boss, the total product of the local strain and the endosteal and periosteal deposit being an amphi-arthrodial joint. This process is analogous to that by means of which an amphi-arthrodial, and subsequently an arthrodial, joint is developed in the first costal cartilages.[4] Now, I think, we are quite justified in assuming that the process that takes place in this apparently ununited fracture, by means of which endosteal and periosteal decalcified callus is deposited to strengthen the softened bone, thickening it and rendering its alveolar spaces very small, takes place in response to a similar stimulus in the skull. In osteitis deformans and rickets, when a long bone has become insufficiently strong to transmit superjacent pressure or has assumed a curved form, new bone is deposited endosteally and periosteally, but especially along the concavity of the curve. This deposit of new bone tends to limit the deformity which would ensue if it were not present. In the case of the softening skull the endosteal deposit first takes place, and, that becoming insufficient to preserve the necessary rigidity and elasticity of the cranial bones, a calcified or decalcified callus is deposited upon the outer convex surface of the vault, the convexity in this case sustaining the strain which is exerted chiefly upon the concavity of the curved long bone. If this is true of the subject affected with mollities ossium, by analogy it would appear to be true of osteitis deformans, rickets, and congenital syphilis, the variations in the character and the arrangements of the thickening in these several conditions being dependent on factors other than the simple mechanical one to which I have called attention. We are aware that a considerable increase in intra-cranial pressure, as in the case of tumour of the brain, causes a thinning of the vault and later of the base of the skull by the gradual removal of its inner aspect; therefore it is quite intelligible that the soft skull of the feeble syphilitic child may be thickened in order to support and retain the developing brain in its normal shape, and that the portions of it which rest upon the pillow may be thinned by the removal of its outer aspect by the transmitted pressure, and the condition called craniotabes results.

What I have attempted to prove in this paper is that the hypertrophy of the skull, which is a character common to mollities ossium, osteitis deformans, rickets, and congenital syphilis, is mechanical in its causation, being dependent upon and remedial of the softening which precedes it.

[3] Mollities Ossium, Rheumatoid Arthritis, and Charcot's Disease.

[4] Pathology of Changes produced by Pressure in the Skeleton of the Trunk and Shoulder-girdle, p. 390, Guy's Hospital Reports, 1886.

NOTE ON THE SO-CALLED "ANOREXIA NERVOSA."

BY W. S. PLAYFAIR, M.D., LL.D., F.R.C.P.

THE case of "Anorexia Nervosa" reported in THE LANCET of March 17th by Sir William Gull has given rise to a discussion on this form of neurosis, the interest of which is enhanced by the pleasure we all must feel in once more seeing Sir William's honoured name appearing in connexion with medical work. As I have had of late years abundant opportunities of seeing and treating many interesting cases of this kind, I am tempted to say a few words on the subject.

In the first place, I would urge that the term "anorexia nervosa" applied to such cases is one which is not properly descriptive of the disease, and which is in some respects misleading. My objection is founded on the fact that it involves the theory that the loss of appetite is its chief and characteristic feature. This I believe to be far from the case. I hold that this is one type only of the multiform varieties of functional neurosis which are apt to occur under conditions still imperfectly understood, and which undoubtedly call for much more serious study than they have yet received. The protean forms they assume are nowhere adequately recognised and described, and most of our standard works on medicine contain scarcely an allusion to types of disease which have been the despair of the profession, which are of daily increasing frequency in this age of culture, over-strain, and pressure, and which doom the unhappy sufferers to untold misery. The best contribution to their elucidation I am acquainted with is Dr. Clifford Allbutt's recent lectures on the "Functional Neuroses"; and these, while they give us much valuable information as to their nature and symptoms, are almost totally silent on the still more important subject of how they are to be cured. The particular type Sir William Gull describes is, if I may judge from my own experience, one which is of very common occurrence. The point I would particularly insist upon with regard to it is that the excessive disgust for food, which is so striking a feature, is only one of many coexisting indications of a profound alteration of the nervous system. Amongst others, I would

point to the strange unrest and tendency to over-fatigue from constant walking which leads to the exhaustion so easily produced in the starved body. Still further indications of the general disturbance are met with in the almost invariable suppression of menstruation, which is one of the last symptoms to be righted, and which often continues for months, or even years, after the nutrition of the body has been re-established. If the history of these cases is carefully followed out, it will be found that the anorexia is rarely the primary symptom. In this, as in the other forms I have alluded to, it is generally secondary to some well-marked cause acting on the nervous system. Thus I have rarely seen a case which has not been preceded by some such condition as over-work or strain. I have seen many instances in young girls which have followed severe study for some of the higher examinations for women now so much in vogue. Other common causes of an analogous kind are domestic bereavements, money losses, disappointments in love, strain of over-athletic work, which I have seen operate in both sexes, and the like. Further, it is important to note that causes of this kind lead to a great variety of functional neurosis, in many of which anorexia does not exist to a marked degree, but all of which are accompanied by a profound alteration of nutrition dependent on the condition of the nervous system, which is the essence of the disease. For this some good name is required. Of late that of "neurasthenia" has been gradually coming into general use. In spite of objections that have been made to it, it seems to me to describe the essential nature of the disease as well as any other that has been suggested. The strange way in which disease of this type is fostered by moral causes, injudicious sympathy, over-much and unwise doctoring, and the like, forms one of its most characteristic features, and presents one of the greatest difficulties in the way of cure. Here (if I may, with great respect, make the criticism) Sir William's case, as well as THE LANCET leader on the subject, both miss the essential point which is necessary in dealing with these cases, which is that they must be removed entirely from their usual domestic surroundings, involving, as these almost always do, much that is unwholesome for the patient, and tending directly to foster that which Sir William calls "the perversion of the *ego*." It is true that his case recovered, under the care of a good nurse, by a happy chance, without this; but it is to be noted that it occurred in a child of fourteen, who had been ill for less than a year, and who was not the hardened neurotic sinner so often met with. I assert with confidence that not one case in twenty could be cured in this way, and the proof of it is that in nearly every case the plan has been already tried and failed, sometimes under the supervision of a whole phalanx of medical men. Absolute rest, massage, and the abundant over-feeding which comes so easily under their influence, are no doubt valuable adjuncts in the case, but without isolation they will almost certainly fail. With it the cure of these cases is reduced to as great a certainty as anything medical can be. So far as my own experience goes, I should say that this form of neurosis is more easily cured than any other. I have yet to meet with a case which has failed, and I possess a whole album of photographs which would cap those which Sir William has engraved. Dr. Mackenzie's case was under more favourable circumstances for cure, since it was removed to a hospital; but even here the treatment lasted from February to May. While under systematic treatment, thoroughly carried out, six weeks is the average duration of the treatment; and I have more than once seen the weight of such a patient doubled in that time. I confidently hope that this discussion may lead to a better understanding of the nature and proper management of this very interesting type of disease.

A CASE OF ANOREXIA NERVOSA.

By A. M. EDGE, M.D., B.Sc., M.R.C.P.,
PHYSICIAN TO THE SALFORD ROYAL HOSPITAL AND TO THE MANCHESTER SOUTHERN HOSPITAL.

So much interest has been excited by Sir William Gull's clinical note of March 17th on a case of "Anorexia Nervosa," that I have thought that brief notes of a case which has been recently under my care might be acceptable. While in most respects possessing the features which have been pointed out by Sir W. Gull,[1] M. Lasègue,[2] and Dr. S. Mackenzie,[3] this patient presented a mental condition which does not seem to have been noted in their cases, although an almost identical condition was present in a case reported by Dr. Dowse.[4] It is certainly unusual also for a hysterical patient (I beg Mr. de Berdt Hovell's pardon for using this adjective) to pass the contents of the bladder and rectum in bed.

A girl aged nineteen, a bookfolder, was admitted into the Salford Royal Hospital on Oct. 1st, 1887, in a condition of extreme emaciation. She had been previously under the care of my friend, Dr. A. C. Clarke, who, rightly thinking it a case suitable for treatment in hospital, asked me to admit her under my care. The history the patient gave was that she had been ailing for about twelve months, complaining of loss of appetite and of various discomforts, which were aggravated by taking food; no actual pain had ever been experienced, nor had vomiting ever occurred. For three months the distaste for food had become so great that the quantity had been diminished more and more, and for more than a week before admission no food whatever had been taken by the mouth, but feeding by the rectum had been resorted to. Constipation and amenorrhœa were present. There was a condition of extreme lateral curvature. On admission the girl was carefully examined, but no thoracic or abdominal disease could be detected. The temperature was subnormal; the weight was only 4 st.; the height 4 ft. 11½ in. She answered questions readily, and it was explained to her that her recovery depended on her taking sufficient food by the mouth. Small quantities of liquid food were ordered to be given to her frequently; for a few times she voluntarily swallowed it, but on the 7th she became stupid, and everything had to be administered to her forcibly. She now became almost completely silent, refusing to speak to anyone. She would not answer any questions which I addressed to her; but on one occasion, after I had visited her and the other patients in the ward, she called me back. When I returned to her bedside, however, she would not say a word. I left her again, and was once more called back, with the same result. The restlessness, on which Sir William Gull has laid so much stress, was manifested in this patient by her getting out of bed whenever she was not watched, and standing motionless in the centre of the ward. About a fortnight after admission she began to discharge the contents of the bladder and rectum in bed. On Oct. 18th, she commenced taking her food voluntarily and with evident relish, and a few days later solid food was taken, and agreed well. On Nov. 6th she began to speak occasionally to the other patients. Advantage was now taken of her regained appetite to punish her when she had soiled the bed during the night by not allowing her any breakfast; this plan was quickly attended with complete success. At the beginning of December she began to be useful in the ward, and she would answer my questions in a monosyllabic manner, but several seconds always elapsed before the "Yes" or "No" was uttered. By the end of the month she had begun to talk more readily, but a considerable interval still elapsed before her reply to a question was commenced, as though her powers of comprehension were still sluggish. On Jan. 7th, 1888, she was made an out-patient, and has continued to improve; in fact, at the present time (April 3rd) all the symptoms have disappeared, except, of course, the spinal curvature, and she is quite cheerful and contented. Her weight has increased considerably, as the following will show:—Oct. 1st, 4 st.; 12th, 4 st. 1 lb.; 25th, 4 st. 3½ lb.; Nov. 15th, 4 st. 7 lb.; Dec. 6th, 4 st. 9½ lb.; Jan. 16th, 4 st. 13 lb.; 30th, 5 st. 2½ lb.; Feb. 21st, 5 st. 10½ lb.; April 3rd, 6 st.

[1] Trans. Clin. Soc., vol. vii. [2] Arch. Générales de Médecine, 1873. [3] THE LANCET, vol. ii. 1885, and vol. i. 1888. [4] Ibid., vol. i. 1881.

ST. THOMAS'S HOSPITAL MEDICAL SCHOOL. — The following Prizes and Scholarships (1887-8) have been awarded:—First Winter: J. H. Fisher, the William Tite Scholarship, £30. College Prizes: A. Banks, £20; C. S. Wallace, £5; C. S. Jaffé, £5. Second Winter: C. P. Lovell, the Peacock Scholarship, 40 guineas. College Prizes: W. F. Umney, £20; H. Burden, £10. Third Winter: A. F. Stabb, second tenure of the Musgrove Scholarship, 40 guineas, with College Prize of £20. College Prizes: S. G. Toller, £15; W. G. G. Stokes, £10. The Mead Medal for Practical Medicine was awarded to H. G. Turney; Messrs. W. H. L. Copeland, T. P. Cowen, and P. C. Thomas were specially mentioned as having obtained marks qualifying for the Medal. The Cheselden Medal for Surgery and Surgical Anatomy was awarded to F. C. Abbott. Messrs. A. N. Boycott and H. H. Hulbert obtained marks qualifying for the Medal. Mr. C. H. James has been recommended for the Solly Medal and Prize.

THE UNSUITABILITY OF SILVER TUBES FOR TRACHEOTOMY.[1]

BY DOCENT DR. ST. SZCZ. ZALESKI,
OF DORPAT.

FOUR or five years ago, while I was working in the Chemical Institute of the University of Dorpat, the assistant in the surgical clinic came to the director of the institute with the remains of a silver tracheotomy tube, which, if I remember rightly, had been left in for about two years without having been withdrawn or cleansed. Of the tube there only remained, owing to the solvent action of the contents of the air passages, the merest shell, in appearance like a kind of coarse cobweb. Thin, rough, uneven, sharp-edged portions were connected by silver threads, and it was surprising that the whole had hung together as well as it had done, and that a tube so nearly destroyed had not given way and caused the patient to die from asphyxia or from injury of the air passages. The silver had been dissolved by the secretions of the bronchi and trachea and had the tube been allowed to remain much longer there can be but little doubt that no part of it would have been left.

I can only explain the chemical process by which the metal was dissolved by the continual action, *non vi, sed sæpe cadendo*, of the chloride which exists in almost all the secretions of the body, and which is at times abundantly present in the mucous glands, upon the metallic silver, which thus becomes converted into chloride of silver, this in its turn, although a very stable substance, being acted upon and dissolved by the alkaline secretions, which contain ammonia and cyanides, in the same way as the sulphocyanide of potassium of the saliva has the power of dissolving chloride of silver. This dissolved silver is of course partly expectorated, but part probably is absorbed. It may be that it goes directly to form organic compounds, or these may be reached by indirect means.

I do not know whether this case, so interesting and important both from a chemico-physiological and from a practical point of view, was ever published. If not, it may perhaps be desirable to obtain as detailed an account of it as is now possible, together with a drawing of the cobweb-like remains of the tube. I am not aware whether the patient suffered from argyria, but as soon as possible afterwards I performed tracheotomy on a cat, and inserted a silver biliary fistula tube, which I allowed to remain until the animal died a month later. By carefully weighing the tube before and after the operation, I found that it had sustained a very appreciable loss, the original weight, which was 1·9892 gramme, having been reduced by 0·0056 gramme, so that it had lost 0·282 per cent. of its total weight. It is thus quite evident that not only silver pessaries in the vagina or silver tubes in biliary or gastric fistulæ, but silver tracheotomy tubes in the trachea, can be dissolved, the metallic silver being taken up by the fluids of the body.

Two questions present themselves: (1) To what extent is such a gradual wearing away of silver detrimental to the organism; and (2) What substance can best be substituted for silver in the construction of tracheotomy tubes? As regards the first question, we know that the long-continued and constant internal, and even sometimes external, use of silver preparations in very small doses ultimately produces argyria, which, as both clinical experience and experiments on animals teaches us, is a very serious and incurable disease. In the well-known case published by Orfila[2] (who first described argyria), the use of nitrate of silver for eighteen months was followed, not by argyria merely, but by death. In the case described by Fromman[3] the grey discolouration of the skin occurred after ten months' treatment, during which period the patient had taken altogether 104·51 grammes of the nitrate, equivalent to 66·39 grammes of metallic silver. Riemer also published a case[4] in which the patient became affected after thirteen months' treatment. During this period he had taken 2900 pills containing 17·40 grammes of the nitrate, or 21·61 grammes of the metallic silver; death following after the consumption of 5672 pills, which contained 34·032 grammes of nitrate, or 21·61 grammes of metallic silver. Finally Dittrich published a case[5] in which toxic symptoms came on after six months' treatment of a tabetic patient, after he had taken 1·83 grammes of the nitrate (10 milligrammes daily), or 1·16 grammes of metallic silver, the patient succumbing at the end of two years of this treatment after having taken 7·32 grammes of the nitrate — equivalent to 4·69 grammes of metallic silver.

It will thus be seen that the manifestation of the deposition of silver in the tissues by the occurrence of a grey discolouration of the skin takes some time, but the actual deposition of the metal in the liver, bone, medulla, kidneys, and spleen commences very much sooner, producing what has been called *latent argyria*, during which there is no discolouration, though the health is affected, as experiments on animals show.

When it is considered that a silver tracheotomy tube weighs from 10 to 16 grammes, and that, if only half of it is dissolved, from 5 to 8 grammes are absorbed into the tissues, we must admit that all the conditions are present for the production of argyria. Of course, a certain part is expectorated, but by far the larger part is absorbed, at all events, as soon as the mucous membrane of the air passages has become inflamed. If we do not look upon argyria in the light in which it is considered by Charcot, but as a grave and dangerous affection, as it is considered by the majority of physicians, and as a series of experiments on animals in the Pharmacological Institute here has shown it to be, the conclusion which is forced upon us is that the use of such a comparatively easily soluble metal as silver for the construction of tracheotomy tubes is fraught with danger to life. Again, the danger of an irritant action of the dissolved silver on so delicate a tissue as the mucous membrane of the air passages setting up a catarrhal condition should not be lost sight of.

There is also another circumstance which must be taken into account in estimating the sources of danger. If the patient or his attendants are so negligent that the tube is not cleaned and examined as to its perfect condition, the destructive action will go on until a time comes when, as in the case related above, it will have become thin, and only threads and films of metal remain—a condition which renders the patient's life most precarious, as there is always grave danger of his being choked or injured by fragments broken off. That there is a possibility of this happening cannot be doubted after the case I have mentioned.

Regarding the second question—of what material the tube should be constructed in order that it may remain for a long time in the trachea without danger,—I think that for patients in good circumstances the most suitable materials are gold, platinum, or rock crystal. For those in the humbler classes, porcelain, glass, or even ivory might be used. These substances are, it is true, to some extent acted upon by the fluids of the body, the silica of glass being even soluble in traces in distilled water, but not in any appreciable quantity, besides which silica is one of the substances which is contained in the body, especially in the case of vegetable eaters, and is not hurtful to it. Gold and platinum may doubtless, after a long time, be to some extent dissolved, especially by the sulphuretted hydrogen which, if the disinfection is not perfect, is sure to exist.

[1] Abridged translation.

[2] Traité de Toxicologie, pp. 21, 22. Paris, 1843.

[3] C. Fromman: Ein Fall von Argyria mit Silberabscheidungen im Darm, Leber, Nieren, und Milz. Virch. Arch., Bd. xvii., pp. 135, 147. 1859.

[4] B. Riemer: Ein Fall von Argyria. Arch. f. Heilk., Leipzig, 1875, xvi., pp. 296 to 328, and xvii., pp. 330 to 363.

[5] Prager Med. Woch., Bd. ix., Nos. 46-47, p. 450.

THE DEHRA DUN ASYLUM FOR LEPERS. — The report of this institution, which has just been issued by Dr. G. G. Maclaren, is very satisfactory. The number of inmates is 81, and the annual average cost per inmate during 1887 was 44 rupees, which is slightly in excess of the usual average, which since the opening of the asylum has been 36 rupees. The success of this institution is beyond doubt due to the personal exertions of Dr. Maclaren, and it would be well if what he has accomplished could be effected throughout the length and breadth of India. Such district asylums would be very powerful factors in the final suppression of this most deplorable scourge.

TWO CASES OF PARTIAL DEMENTIA:

EDUCATION THE CAUSE, AND EDUCATION THE REMEDY.

BY HENRY BLAKE, M.B. LOND.

THE two cases which form the subject of this communication present features of practical interest to the physician, inasmuch as they illustrate conditions prevailing in a large group of mental patients. The subjects exhibited a doubtful position between sanity and insanity, the characters of which are not described fully in the ordinary works on mental disease. They, especially the first, show one method of the development of delusions. Furthermore, their histories throw light on the successful treatment of a large proportion of those weak-minded young people, not greatly deficient congenitally, who cause so much distress in private families and so much bewilderment to medical practitioners, who find they have to prescribe for a morbid condition of mind not known in either asylum or hospital practice.

CASE 1.—M—— first came under my notice as a resident patient in November, 1884. She was a well grown and developed young lady of twenty-two, with a small, well-shaped head, measuring twenty-one inches in circumference. Her face was pretty, exhibiting a firmly closed mouth, with a small but well-shaped forehead. She suffered from constipation and slight irregularity of menstruation. She complained of vague pains and aches, but there were no signs of organic disease. Mentally she was intensely dull, and apparently more helpless than a child, being unable to take part in conversation, to conform to the ordinary rules of domestic life, to write a letter, to play a tune, or to display any accomplishment creditably.

Family history.—The patient's father is a clever and robust man, with a great admiration for talent and success, and a corresponding contempt for mental and physical inferiority. Her mother is retiring in disposition, has a strong religious bias of the Calvinistic type, but is by no means deficient in intellectual power. Their other children, two in number, both younger than M——, are somewhat above the average in mental and physical ability. There is no history of mental defect on either side.

Past history.—The patient had lived abroad until she was thirteen years of age, having to learn two foreign languages besides English. She then came to England, and was sent to a day school. The following year she suffered from sleeplessness, and recovered after a short sea voyage. Subsequently, she spent the winters at different English schools, and the summers abroad. She tells me that at these schools she was in the habit of learning everything by rote, without attending to the meaning in the least. Her parents noticed about this time that she was very silent. At the age of seventeen she had an attack of chorea, from which she made a good recovery in about two months. After this she was educated at home, when it was found that she was almost absolutely ignorant of all ordinary subjects, and had but little industry, although she was in good bodily health. At the age of nineteen she ran away from home to a nurse, on account of her dislike to home discipline. She then left home with her mother, and travelled in England and abroad. During this period she was exhibiting signs of slight anæmia, and occasionally suffered from amenorrhœa. At the age of twenty-one a new point in her character appeared. She frequently imagined that men were in love with her on very insufficient grounds. The following year she had again to leave home with her mother, on account of her eccentricities. They went to Buxton, and she was made to learn the English Church Catechism by way of a restorative mental exercise. She again gave proof of her form of independence of spirit by running away, this time only for a few hours. She also developed a new habit of finding fallacious meanings for words—e.g., "white" meant "goodness"; "black," "badness"; "sago" meant "say go" or "run away." Her mother brought her to London for medical advice. Whilst staying there she used to listen to the conversation of persons in the streets, and imagined that their words applied to her. For some months there had been great difficulty in getting her to eat at regular meal-times, and she had been very restless at night.

In reviewing the case down to this stage, the patient's education may be summarised as follows. Her father had impressed her with ambition, and admiration for brilliancy; her mother with certain religious dogmas, notably that her own conscience was the light which pointed out God's wishes independently of human authority. In her schooling and general life she had learned to speak in many languages, but to think in none.

Diagnosis.—It was not until the beginning of 1885, when she had been with me about a couple of months, that I gained a full comprehension of her character and eccentricities, and was able to form a clear diagnosis. Her bodily instincts and appetites were perfectly natural—e.g., she was greedy, was fond of her ease, and had a strong sexual bias. The selfish emotions of self-esteem and love of approbation were exaggerated, but those depending upon the intellect and upon sympathy—e.g., love, fear, and sense of beauty or of the ludicrous—were absent. Her ideas were based entirely upon her appetites and self-consciousness, following in their further development the similarities suggested by the sound of the words used to represent them rather than their real common-sense associations; for example, the mention of the name "Beatrice" suggested to her that my wife, myself and she were to "be a trice" or trio (matrimonially). The sight of the name of one of her supposed lovers over a shop afforded her a pretence for thinking he was in the town. She used to stand by the open window at night, because, being a virgin named Mary, she thought the Holy Ghost might visit her and satisfy her desires. It is obvious that in all these instances the sexual appetite was the starting-point of her thoughts; and, in addition, her mind, instead of following the facts and truths of real life, was led to absurd fallacies or delusions by verbal similarities. Her bodily wants and sensations were the only realities she appreciated thoroughly; everything else was vague and uncertain. Hence the concentration on self with loss of sympathy and power of acquiring knowledge. Her will was very strong, as was evinced by her features and by her conduct at home and with me—notably by her repeatedly running away and by her persistent opposition to all rules, suggestions, or orders, in which she generally excused herself on the ground of pseudo-conscientious scruples or of vague pains. In short, I became convinced that her reason was alone to blame for her eccentricities, and that its authority over her appetites and will had been dethroned not by disease or congenital defect, but by an education which had taught her languages, words, phrases, and formalities, instead of the facts and truths of natural life, morality, and religion.

Prognosis and treatment.—In forming a prognosis of the case, it was evident that the patient's prospect of recovery would depend upon the possibility of guiding her intellect to the appreciation of such simple but powerful truths as would prevent her appetites and selfish emotions from dominating her will. Proceeding on this line, I began by teaching her that she had to be obedient to the wishes of those around her, by not allowing her to have food at odd times, and not indulging her in favourite dishes, if she displayed her eccentricities. Her opposition to regular walking exercise was permanently cured by making her wear large and ugly list slippers until she ceased to complain of the pain in her foot, which she made the excuse for rest. Her other eccentricities were combated in a similar manner. Having taught obedience, the next truth to be inculcated was the pitiable nature of her condition which she was very far from realising. This was accomplished partly by pointing out her inferiority to the servants and those socially beneath her, and partly by making her keep a far more candid than courteous diary of her faults, under the supervision of an educated companion who was in constant attendance on her. When, as was frequently the case, she appeared entirely lost to all mental perceptions, I applied liquor epispasticus to the nape of her neck with very good results. In a few months she was sufficiently improved to have her time constantly and regularly employed. By this time it was discovered that she was entirely ignorant of the most ordinary things; for instance, she did not know a gun from a pistol, or how either were fired, or that gunpowder was necessary for either; or the difference between a sailing ship and a steamer, except that one had a funnel and the other had not. This hopeless and universal ignorance rendered it impossible for her to exercise her mind on ordinary subjects, as she had not sufficient knowledge to describe anything, or any conception of the relationship between cause and effect. Luckily, her vanity was pleased and her ambition fired by finding that the "Child's Guide" taught her

much that ordinary people did not know, so she worked at it with considerable zest. From this she passed to writing detailed descriptions of the pictures in the *Graphic*, and later on of natural objects. Under this course she gradually ceased to rebel against the rules of ordinary life and to find fallacious meanings in words. Meanwhile she was becoming acquainted with the degree of her dependence on the goodwill of those around her, and with the satisfaction of giving them pleasure; and she was learning that the promptings of her "conscience" did not make her conduct, based upon them, necessarily right. By midsummer, 1887, she had become an active and industrious person, still self-conscious, and rather ignorant both of the ways of the world and of ordinary facts, but sufficiently humble and ambitious to make it certain that, if she is not taken out of her mental depths again, she will catch up many who think themselves very sensible people now. The reawakening of her sympathetic emotions manifested itself in a fondness of playing with children and a readiness to help others. She has now rejoined her mother. It is worthy of remark that our acquaintances nicknamed her by common consent "Lady Durham," in the spring of 1885, when "Durham *v.* Durham" was the *cause célèbre*: indeed, the two cases seemed from the newspaper descriptions to be analogous.

CASE 2.—H——, aged twenty-seven, first came under my notice in May, 1886. He was of strong build, but only weighed nine stone. His head measured twenty-four inches in circumference, and was of good shape. He was anæmic, suffered from obstinate constipation, complained of vague pains and aches, but exhibited no signs of organic disease. His features, which were plain, were constantly distorted by unmeaning and affected grimaces. His movements were also affected and extremely awkward. Mentally, he was duller than the patient in Case 1, his conversation being almost limited to such exclamations as "Oh, indeed!" "How kind!" "How nice!" "Oh, thank you!"

Family history.—His parents were of good family. They led a life of ease and luxury, having prejudices in favour of gentility and grandeur rather than simple industry and self-denial. Several of his relatives are remarkably clever.

Past history.—He had been educated at a first-rate day school, where he had shown himself backward, but not hopelessly so, in ordinary subjects. He had marked tastes for drawing and music, which were subsequently cultivated at home and at the Royal Academy of Music, but he did hardly any regular work after leaving school at the age of seventeen, subsequently idling away most of his time at home in a country town, and becoming gradually more and more stupid. He masturbated habitually from boyhood until he came to me. During the last two years of his stay at home he had been extremely troublesome in not conforming to any rules, locking himself up in his bedroom for hours, refusing to take his meals, stealing delicacies from the cupboards, making indecent offers to the cook, and otherwise misbehaving himself.

Diagnosis.—This case seemed analogous to the previous one, but exhibited certain differences. The patient had shown by his exclamations some real sense of beauty, of fear, and a little—a very little—of sympathy. His intellectual faculties were more thoroughly dormant than M——'s, but showed signs of having been very acute in years gone by, as he occasionally dropped very original remarks. He had lost his power of exercising his reason, as he had his music and drawing, but when excited he would speak and act vigorously. His will was of the intensely perverse or obstinate type. A rule to be broken or an order to be set at nought was all that was needed to bring it into play; its exercise was synonymous with opposition. He showed none of the former patient's independence of purpose, whereas she showed none of his originality of intellect.

Prognosis and treatment.—The prospect in this case was only dissimilar to the previous one in that it was less hopeful, owing to the fact that H—— had apparently lost faculties, whereas M—— was exercising hers in a wrong direction. His activity under excitement was the only hopeful feature, as it indicated that his reason was dormant rather than destroyed. The line of treatment was almost precisely the same in principle, and was attended with uninterruptedly good results. Special precautions were taken to prevent masturbation, which appeared to be as much a consequence as a cause of his stupidity. The patient now weighs eleven stones, conforms to domestic discipline, can play and draw creditably, and can talk sensibly, though slowly, on simple subjects. He can also read to himself, remembering most of the sense. His facial and bodily contortions are noticeable still, but are diminishing steadily. He shows distinct signs of an earnest desire to improve.

Cases somewhat similar to the foregoing are described under the head of "Dementia," either "primary" or "partial," in the works of Bucknill and Tuke, and Savage, who seem to attribute them to heredity, shocks, trouble, and masturbation. Dr. Maudsley, in "Physiology and Pathology of the Mind," describes them under moral insanity, regarding them as the result of heredity or self-abuse, mentioning education as a predisposing cause. Dr. Blandford seems to classify them as weak-minded patients, and to consider the condition congenital. Dr. Hammond, in "A Treatise on Insanity in its Medical Relations," gives full descriptions of several cases in his chapter on "Hebephrenia, or the Insanity of Pubescence," but does not put forward any stronger arguments to establish its connexion with puberty than *post hoc ergo propter hoc*, nor does he emphasise any theory as to its causation, merely stating that heredity and masturbation play a part in it. One of his cases, and only one, improved greatly. The treatment was removal to the house of a medical practitioner—Dr. Parsons, of Sing-Sing. All the authorities which I have been able to consult agree in giving an unfavourable prognosis. None seem to regard defective education as a primary cause of this mental retrogression. They explain the condition from a physical rather than a psychical standpoint. I venture to think it appears far more intelligible when viewed the other way, the fundamental cause of the disorder being a weakening of the intellect and the higher emotions, owing to such an ignorance of common sense or the simple truths of ordinary life as will hamper and finally prevent intellectual exercise. These simpler truths unluckily are left out of systematic education, and have to be picked up haphazard from the wholesome lessons of general life. Most children accomplish the task in spite of the amount of metaphor, allegory, sentiment, and inconsistency, which figures so largely in the education of the nursery, school, and home, obscuring the hard-and-fast lines of truth unadorned. But there are others, not necessarily stupid or eccentric at first, who, getting lost in the more showy and attractive by-ways opened up by education, fail to follow the straight and narrow path to truth and common sense. These may either appear somewhat peculiar from the first, or beginning, as too docile pupils pass to a stage of dulness, generally accompanied by conceit, in which they become separated from their companions, looking down upon them from the secure seat of the solitary contemplation of their own good points. Subsequently they may become delusional by reasoning on fallacious premisses, and demented, if not rescued by a healthy and appropriate education. So soon as this form of mental retrogression shows itself in a child or young adult, it should be combated, not by argument, reason, or other mode of appeal to the higher nature, but by the cultivation of implicit and unhesitating obedience to authority by careful and strict discipline, by the uprooting of morbid and unwarranted self-satisfaction, and by careful instruction in all the simple and necessary truths of every-day life, studiously avoiding sentiment or complicated metaphor and allegory of all kinds. A system of this kind can hardly be carried out at the patients' homes, where too often the same morbid characteristics are habitually exhibited by different members of their families in a modified degree. Strict isolation from the family circle is therefore an essential factor, but ultimate success can only be hoped for where the treatment which has been indicated is carefully adapted to the special features of each individual case, and is carried through with patience and firmness.

NORTH LONDON HOSPITAL FOR CONSUMPTION.—On the 25th inst. the annual festival dinner in aid of this hospital took place at the Hôtel Métropole. Lord Robartes presided, and was supported by a company numbering about 150 gentlemen. The institution, since it was founded in 1860, has relieved no fewer than 176,000 patients. The claims of the charity were earnestly advocated by Lord Robartes and other speakers, and Mr. Lionel Hill, the secretary, announced subscriptions amounting to over £1500, including £105 from the chairman.

OPHTHALMOLOGY IN EUROPE.

NOTES OF VISITS TO CELEBRATED CLINICS.

BY WM. B. MEANY, M.D. CHICAGO.

HAVING recently visited the clinics (diseases of the eye) of Drs. Landolt, Abadie, De Wecker Panas, Meyer, and Galezowski, I beg to submit for perusal some of the methods adopted by these distinguished oculists.

From five to twenty-five operations are performed daily at these clinics, full antisepsis being practised. At the Hôtel Dieu, Dr. Panas operated upon six patients for the removal of cataractous lens, successfully accomplishing his work in one hour. The patients to be operated upon are put under antiseptic treatment—i.e., a jet of a sublimate solution is directed on to the globe of the eye, the conjunctivæ being carefully cleansed, and special attention being paid to the eye-lashes. The instruments to be used are held over the flame of a spirit lamp before being returned to their bath of carbolised water. In cataract extractions the "small flap" is generally adopted, the operators using a thin and narrow-bladed knife—De Wecker's cataract knife—in the performance. The advantage claimed for this knife is that any sudden escape of aqueous humour is reduced to a minimum. Usually the section takes about one-third of the whole circumference; the wound, of course, is shaped according to the size of the cataract. The lens is usually removed from its capsule through an undilated pupil. There are cases of extraction where iridectomy is combined—i.e., (*a*) if on account of glaucomatous tension the iris cannot be reduced in spite of all efforts; (*b*) if the patient is nervous and restless during the operation, and likely to continue so after it; and (*c*) if on account of non-maturity the cortical masses cannot all be evacuated. Great care is taken in the removal of lens, débris, &c.; prolonged manipulations, however, in the accomplishment of this purpose are looked upon as hurtful and dangerous, as a bubble of air or cataractous matter is absorbed, and rarely in their cases gives rise to inflammatory trouble. Eserine, pilocarpine, or atropine is instilled immediately after operation; a little *rondelle* forms the first pad of the dressing, previously bathed in either a sublimate solution or a solution of boric acid and salicylic acid, and followed by the well-known antiseptic dressings. It is claimed that by observing careful antisepsis suppuration is avoided, and some of the surgeons further state that they do not now hesitate to operate upon patients suffering from diabetes or Bright's disease, which in their experience prove no contra-indication.

Should a prolapse of the iris occur, and not readily disappear after slight friction, further manipulations through the closed lids, or by means of the curette upon the globe direct, are practised. I noticed in several instances a replacement of prolapsed iris by an ingeniously devised instrument, which I will endeavour to describe. Imagine a hollow glass cone, the base being formed by an elastic membrane, and the apex being fitted with a curved cannula, very thin and flattened at its free end. The whole instrument has a diameter (base to apex) of about an inch, and the small cannula attached to it is of the thickness of an average hypodermic needle. A little pressure on the elastic membrane having forced out the greater part of the air, the end of the cannula being placed in a weak antiseptic solution (usually $HgCl_2$), an interruption of that pressure causes the liquid to enter. It was observed that in a case of partial prolapse of the iris a little jet or stream of the solution readily replaces the iris, thus avoiding all injury from direct instrumental interference.

Glaucoma is combated with iridectomy, sclerotomy, cicatricotomy, equatorial puncture, and galvano-cauterisation. The first three well-known operations need not be described. I have heard it stated that in case of great tension it is considered dangerous for the safety of the eye to open the anterior chamber. In performing equatorial puncture, cocaine in sufficient quantity is instilled to produce local anæsthesia; a fixation forceps is used to rotate the globe of the eye upwards, so that at the inferior part the equator bulbæ presents. A narrow knife is then quickly plunged through the tunics of the eye in such a way that its point is directed against the geometrical centre of the vitreous. The knife is then quickly withdrawn, and the eye bandaged. It was observed that no escape of vitreous occurred following the puncture. By this procedure it is thought that a filtrating cicatrix is formed, permitting of a certain amount of drainage, which relieves tension. Galvano-cautery is employed for the purpose of obtaining similar results as that of puncture, and is carried out in the following manner. The eye is rotated so as to expose the tissues of the sclerotic coat; the two points of the cautery are made to touch successively that tunic in from three to six places, according to the effect desired, and then a bandage completes the operation. Eserine is greatly relied upon for relieving tension; pilocarpine is substituted when eserine appears to cause irritation.

Stretching of the optic nerve is, I believe, alone practised by De Wecker, whose performance of which I had the pleasure of witnessing in a patient with marked ataxic symptoms, suffering from grey degeneration of the optic nerve. There was no pupillary response; field of vision limited concentrically; papillæ simply atrophic; chromatic reflections. The vision of the left eye was lost. Stretching of the optic nerve was practised in the left or lost eye. The eye (left) was rotated towards the temporal side; a conjunctival incision was made near the insertion of the internal rectus, the tendon of the muscle divided, and the capsule opened and freely loosened. The instrument for stretching—resembling a diminutive obstetrical forceps—was introduced so that the little blade or hook at its extremity encircled the optic nerve; then the other blade or branch was also introduced, when the two were closed, the optic nerve resting in the concavities of the two blades. A slight lifting of the eyeball concluded the operation, the blades being then withdrawn. It was observed that the operation left no other appearance than that usually met with in an ordinary tenotomy, except that the pupil remained dilated. The operation was performed under antisepsis and cocaine.

Corneal ulcers, when deeply seated, are treated by the Saemisch method, by passing a narrow bistoury into the anterior chamber in front of the ulcer and making the counter puncture beyond the zone of infection. A slight movement splits the base of the ulcer. This operation is of course confined to small ulcers. This operation is said (*a*) to diminish tension, (*b*) to cleanse the anterior chamber from inflammatory products, and (*c*) to destroy the cause of the affection. Great care is apparently taken in cleansing the lacrymal apparatus with antiseptic washes, attention being especially paid to the lacrymal sac, as the infection is thought to frequently proceed from the sac by the absorption of inflammatory products. The galvano-cautery is applied to the elevated whitish or yellowish band of infiltrated corneal tissue—the zone of infection—until it has been thoroughly destroyed. After each cauterisation the base of the ulcer is filled up with iodol or iodoform, and eserine, pilocarpine, homatropine, or atropine instilled; a bandage under slight pressure is then put on. It is stated that, if the application of the galvano-cautery is thoroughly and properly done, the patient is at once relieved from the pain usually met with in cases of ulceration of the cornea.

Detachment of retinæ is treated with pilocarpine, tonics, &c., as well as by surgical interference. I witnessed the introduction of a silver seton, which was passed through the cystic formation behind the detached retinæ. I am informed that the seton in some cases works wonderfully well. Galvano-cauterisation and the equatorial puncture is executed in the manner as described in the treatment of glaucoma. Hypodermic injections of strychnine, protection from light by the aid of coloured glasses, and the interdiction of all fatiguing ocular exercise, go to make up the treatment generally practised.

Pterygium removal is brought about by means of a pair of straight scissors, circumscribing the triangle directed towards the caruncle. The conjunctiva is dissected in the vicinity, so as to allow the approximation of its two borders bounding the wound, using two sutures; the pterygium is then pushed against the inner canthus. Should, after a few days, œdematous swelling ensue sufficient to prevent the proper closure of the eyelids, the head of the pterygium is simply cut off. Attention was attracted to the enucleation of an eye by the aid of a pair of scissors and forceps only.

In conclusion, I desire to acknowledge the kindness and courtesy I have received from the gentlemen whose clinics I have attended, and particularly my friend Dr. Landolt, who has upon this and previous visits made my stay an instructive and most pleasant one. Dr. Landolt has a hearty welcome for his English-speaking visitors; his book entitled "Refraction and Accommodation" (1886) is no doubt familiar to many readers of THE LANCET.

CONCEPTION AFTER OVARIOTOMY.

BY J. A. WETHERELL, M.B.

THIS case has proved so remarkable, and such a puzzle to gynæcologists, that I offer it for publication in its entirety without comment or expatiation.

The patient, Ann H——, showed nothing strange in her family or sexual history previously to the beginning of the present attack. At the age of twenty-five her menstruation became irregular, and she first noticed a tumour rising in her abdomen. For about a year—namely, in 1882—this swelling gradually increased in size, the increase, nevertheless, being progressive. At the same time she suffered from menorrhagia, with extreme pelvic pains. Her medical attendant diagnosed the case as one of ovarian tumour, but simply treated it medically—presumably with ergotine. She was unmarried and a virgin; there could be no suspicion whatever of pregnancy. At length, to use her own words, "life became unendurable in its present condition," so she determined to proceed to London to undergo some operation, and therefore placed herself under the care of Dr. Granville Bantock in the Samaritan Free Hospital. Even now the diagnosis proved a problem, but on the earnest solicitation of the patient, who felt she must die unless something were done to relieve her, Dr. Bantock consented to operate. For the remaining particulars I am indebted to the courtesy of this gentleman. His report to me runs thus:—

"The case was one of fibroid tumour of the uterus, in a state of cystiform degeneration. There were adhesions to the omentum (rather extensive and requiring many ligatures) and to the parietes low down on the left side of the middle line. After these were all broken down and bleeding points secured by ligatures, I tried to lift out the tumour, but it so invaded the broad ligament on the right side that its removal in the usual way was impossible. Fancying there was nothing now to be done but to remove the ovaries with the view of checking the growth of the tumour, I removed the left ovary, which was easily got at. The *right* ovary was nowhere to be found. I now looked again very carefully at the tumour, and, as it felt as if there might be some deep-seated fluid in it, I tapped it, and got out nearly a pint of a dirty-looking fluid. There was nothing for it now but to lay open this cavity; its interior presented a very ragged appearance, characteristic of these cases. There was no way of removing the tumour, either by enucleation or along with the uterus, with the slightest prospect of success, so I laid the cavity very freely open in the direction of the abdominal wound, and stitched the edges to the corresponding edges of the parietes, leaving a large opening into the cyst. This I stuffed with iodised cotton wool, after freely applying the thermo-cautery to the bleeding surfaces of a deep incision into a rounded portion of the tumour. The wound was kept open from time to time, small portions of the tumour were cut away (this always requiring the cautery to stop the bleeding), and a pointed cautery thrust into the tumour in various directions. Suffice it to say that in about three months the tumour had wasted away, so that very little of it remained, and after a short time longer the wound closed."

So much for the operation. She left the hospital a mere shadow of herself before her illness. Her life seems to have trembled in the balance for some time after the operation. Returning home, she came under my care. For four years she enjoyed fairly good health, having nothing more than an occasional attack of cystitis. She was now quite *embonpoint* and married. Then comes the marvellous portion of her history. She conceives! During the whole period of gestation she suffered from nothing except a little inability to hold her urine. This was worse when she had a little cold, each expulsive effort to cough causing her to expel the urine involuntarily. This, however, yielded to belladonna, morphia, and spirit of nitrous ether. In July, 1887, I delivered her of a fine healthy child. The duration of labour was quite normal, occupying in all about twelve hours. I forgot to mention that the cause of the involuntary acts of micturition might have been the anteversion of the pregnant uterus; in fact, she had pendulous abdomen. Since that time she has been in perfect health. She nurses her baby boy herself.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. MARY'S HOSPITAL.

SEVEN CASES OF LUMBAR COLOTOMY, WITH REMARKS.

(Under the care of Mr. A. J. PEPPER.)

THESE cases complete the series which we commenced in our last issue.

CASE 4.—W. S——, aged fifty-five, a chemist's assistant, was admitted to the medical wards for chronic intestinal obstruction on May 29th, 1886. There was no family history of consumption or cancer, and the patient had always been very healthy. He had not had syphilis. In October, 1885, he began to be troubled with dyspepsia, flatulence, and constipation, which increased until January, 1886, when he had pain across the abdomen, at the level of the umbilicus; this increased, and was accompanied by vomiting, which was excited by taking food. The vomit consisted of the food taken, mixed with a yellow, pea-soup-like fluid. A doctor was called in, who drew the patient's attention to the fact that he had an inguinal hernia on each side. These were reduced, and the patient put on milk diet. He soon became better, and in a week or two had resumed his usual habits. He remained well for about a fortnight, after which the original symptoms gradually returned, and in March he had another attack of umbilical pain and vomiting; and he then noticed, for the first time, that the abdomen became greatly distended. There was no action of the bowels for five days, and finally an enema was given, which brought away a large amount of fæcal matter. Since then the bowels had never acted without the aid of injections. He improved greatly until a fortnight before admission, when he had a relapse.

On admission the abdomen was greatly distended and tympanitic, the distention being equal in both flanks, and he had severe pain in the umbilical region. The herniæ were small, and only just passed the external rings. There were a few external piles, and the prostate was slightly enlarged, but nothing of the nature of a tumour could be felt per rectum.

He remained in the medical wards until June 5th, and during that time was frequently sick, and enemata failed to bring away more than a few ounces of fæces, or relieve the pain and distention. The temperature during this period was normal. On June 5th he was transferred to the surgical wards, and left lumbar colotomy performed. When the bowel was opened, a very large quantity of dark, semi-fluid fæces escaped. Before the operation his condition was very critical: the exhaustion was extreme, the abdomen tympanitic, and there was great distention, especially of the colon, the outline of which could be traced through the abdominal wall. The relief obtained by the operation was immediate and complete, and he rapidly improved, being discharged convalescent on July 5th. A month or two afterwards he began to suffer again from sickness, and died at home on Dec. 17th. There was no post-mortem examination.

In this case neither the exact seat nor the nature of the obstruction was ascertained. From the distention of the descending colon, and from the fact that nothing abnormal could be felt per rectum, it seems clear that the blockage was situated in or about the sigmoid flexure; and, inasmuch as the patient was the subject of inguinal herniæ, it is not improbable that the occlusion of the lumen of the bowel was effected by peritoneal adhesion bands.

CASE 5.—A. E——, aged forty, a dressmaker, was admitted on Feb. 15th, 1887, for stricture of the rectum. At the age of seventeen she had gastric fever, and had never been quite well since. There was a clear history of syphilis, but the date of its contraction could not be fixed. When she was twenty-five she began to suffer from attacks of diarrhœa, which came on suddenly, lasted for a time, ceased, and then returned in three or four days. Seven years later she first noticed blood in the motions. The attacks of diarrhœa and

the presence of blood continued and grew worse up to the time of her admission. She had also paroxysms of very acute pain across the abdomen at the level of the umbilicus.

On admission she was evidently in a very weak condition, worn out by the pain and discharge. On examination per rectum, the bowel was found to be narrowed to such an extent that the finger could not be made to enter the stricture. The mucous membrane was ulcerated, and here and there hard nodules could be felt. There was a communication between the bowel and the vagina, fæcal matter being discharged from the latter. The urine contained about one-half albumen.

On Feb. 22nd left lumbar colotomy was performed, the gut being easily found, and containing a large amount of fæcal matter. On the day following the temperature rose to 101·2°, she had pain and tenderness in the abdomen, and also vomited. Peritonitis supervened, and she died on Feb. 26th.

At the examination of the body, made forty-eight hours after death, a considerable quantity of purulent fluid was found in the abdominal cavity, and inflammatory lymph was present over the peritoneum generally, but more especially in the region of the descending colon. There was extensive cellulitis about the colotomy wound. The large bowel below the sigmoid flexure was surrounded by malignant growth two inches in thickness, the mucous membrane covering it being ulcerated. In each kidney the capsule was adherent, and left on removal a granular surface; the cortex was pale and diminished in thickness. As the peritoneum was not known to have been wounded during the operation, it is reasonable to suppose that the peritonitis was due to sloughing of the membrane owing to the severe inflammation of the retro-peritoneal tissue. The condition of the kidneys was no doubt an important factor in the causation of the cellulitis.

The case affords a good instance of malignant growth grafted upon tissues which have been a long time affected with syphilitic disease.

CASE 6.—M. P——, aged seventy-two, was admitted on October 4th, 1887, for obstruction of the bowels. She enjoyed good health until three months previously, when she commenced to have difficulty in defecation; this increased, and was accompanied by pain and a sanguineous discharge from the vagina and rectum.

On admission she said she had not passed any motion for eleven days, and there was acute pain in the back and loins. On examination per rectum a large mass could be felt completely blocking the bowel, and per vaginam it could be felt attached to the os uteri and passing backwards and downwards, evidently pressing on the rectum. The urine contained a trace of albumen.

On Oct. 5th lumbar colotomy was performed; the colon contained hard masses of fæces above and below the opening made into it. After the operation the patient suffered from shock for several days, and required the most careful nursing. On the 9th a small quantity of fæces came through the colotomy wound, followed on the next day by a large amount. The temperature at this time was normal, having never been above 100·2°. From this date she rapidly improved, and was discharged on Nov. 2nd, exactly a month from the date of the operation. She died from asthenia on March 2nd, 1888, having attended as an out-patient up to the end of January, 1888.

CASE 7.—J. C——, aged sixty-seven, crossing-sweeper, was admitted on Dec. 13th, 1887. He had always been a steady man, and enjoyed good health. No family history of cancer. In April, 1887, he had an attack of diarrhœa, which was cured by treatment, and he remained well until September last, when he commenced to have griping pains about the lower bowel, which were relieved on passing a motion. A month later there was a discharge from the rectum like clotted blood, of which he said: "I thought there was a growth there which had burst." The pain increased, and he began to have a continual desire to defecate, which caused him to get up twenty or thirty times during the night, but only a little liquid matter was passed.

On admission he had some slight difficulty in micturition. There was a small irreducible inguinal rupture on the right side. On examination per rectum a hard mass, the size of a tangerine orange, could be felt on the posterior wall, the mucous membrane over which was ulcerated. Although he had wasted, he was still very obese.

The man was kept in bed and fed on simple diet until the 20th, and improved somewhat. On that date left lumbar colotomy was performed. There was a thick layer of subcutaneous fat, and it was necessary to enlarge the incision to five inches in order to reach the gut, which was easily found and contained very little fæces. The peritoneum was not seen.

After the operation no fæces passed through the artificial anus for seven days, when a small quantity was discharged, followed on the next day by a larger amount. The temperature remained normal, notwithstanding that the patient got out of bed two or three days after the operation and walked about the ward, saying that his legs were stiff and he wanted to walk it off. He was discharged on Feb. 14th, the wound being quite healed.

The foregoing seven consecutive hospital cases give a fair illustration of the conditions for which colotomy may be required. It will be noticed that the ages of the patients varied from sixteen months to seventy-two years, and that in the youngest and eldest the operation was performed for obstruction of the rectum by malignant growth not primarily connected with the bowel. In the former it was a myxo-sarcoma, springing apparently from the cellular tissue of the pelvis; in the latter, carcinoma of the uterus.

NORTHUMBERLAND AND DURHAM EYE INFIRMARY.

ENUCLEATION OF THE EYEBALL, WITH INTRA-ORBITAL INJECTION OF COCAINE; REMARKS.

(Under the care of Dr. C. L. LIGHTFOOT.)

ROBERT S——, aged sixty-five, when admitted, was suffering from the effects of a wound of the left cornea, involving the iris, which was inflicted three months ago. Vision being lost and the other eye threatening to become affected sympathetically, Dr. Lightfoot determined to enucleate the injured eye, and the patient objecting to the use of chloroform cocaine was employed. A few drops of a 10 per cent. solution were first instilled into the eye, and about five minutes afterwards four intra-orbital injections, each composed of three minims of a 4 per cent. solution, were made in the region of the muscles. The needle of the hypodermic syringe was passed into the orbit for some distance close to the sclerotic. After waiting for three or four minutes, Dr. Lightfoot proceeded to operate, and divided the conjunctival tissues and muscular attachments without any complaint of pain on the part of the patient. Before dividing the optic nerve he injected with a small syringe eight minims of the 4 per cent. solution deeply into the orbit behind the globe, and then divided the nerve, which proceeding caused the patient to complain of intense pain.

Remarks by Dr. LIGHTFOOT.—I am inclined to think that enucleation of the eyeball with injections of cocaine will never be very extensively practised, as I do not think that by its means we can altogether abolish pain. In the above case twenty minims of a 4 per cent. solution were used, and where the deep attachments of the globe were divided the patient complained of intense pain, although he stated that the division of the muscles was *almost* painless. Even in the much less severe operation for strabismus, when intra-orbital injections of cocaine are used, there is always a certain amount of pain. It is, however, in those cases in which for some reason chloroform is either unsuitable or where the patient objects to its use that cocaine is of much assistance.

THE GORDON HOSPITAL.—The Earl of Stratford presided at the annual meeting of the governors and friends of this hospital, held at Willis's Rooms last week. From the annual report (the fourth) it appeared that the income for the past year was £867, and the expenditure £938. The committee had to borrow to discharge pressing liabilities. Ninety-eight in-patients were treated, and many more might have been received but for the limited funds of the hospital. The in-patients numbered 406. No deaths had occurred. During the four years the institution has been in existence 5476 patients have been received.

SANITARY IMPROVEMENTS IN LEEDS.—The estimated expenditure in connexion with sanitary matters in Leeds for the coming year is £38,171 3*s.* 4*d.* The expenditure last year was £37,723 15*s.* 9*d.*

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

Rheumatoid Arthritis.—Retention of Uric Acid due to certain Drugs.

AN ordinary meeting of this Society was held on Tuesday last, Sir E. H. Sieveking, F.R.S., President, in the chair.

Dr. ARCHIBALD E. GARROD made a further contribution to the study of Rheumatoid Arthritis, in which the study of the nervous theory of rheumatoid arthritis, commenced in a former paper, is continued; the muscular atrophy, deformities, and dystrophies of the skin and nails met with in the course of the disease being examined with a view to seeing whether their occurrence affords any evidence in support of this theory. The muscular atrophy has been regarded by some as part of the disease itself, by others as merely an example of ordinary arthritic muscular atrophy, and by others again as the result of changes in the peripheral nerves. Evidence was brought forward in favour of the view that the muscular atrophy met with in rheumatoid arthritis is not peculiar to that disease. The result of an examination of the tendon reflexes in fifty cases was given, and it was shown that, whereas the jerks are usually exaggerated, this is not an invariable rule, and it was suggested that peripheral neuritis, the presence of which has been demonstrated in such cases, may act as a disturbing factor. This same condition may account for the occasional occurrence of numbness and tingling of the extremities in rheumatoid arthritis, examples of which were given. Where these are met with the jerks are not found to be increased. Attention was drawn to the importance of excluding cases in which sensory and motor disturbances are produced by pressure on the nerve roots, when the disease has attacked the vertebral column. It was pointed out that changes in the joints, indistinguishable from rheumatoid arthritis, are met with in cases in which other nervous phenomena have preceded the articular disease; but these cases were regarded as belonging to a somewhat different category from ordinary examples of the disease. The conclusion was drawn that the ordinary muscular atrophy of rheumatoid arthritis is, as Dr. Charcot believes, a secondary phenomenon, and as such affords no evidence as to the origin of the primary disease. The deformities due to muscular spasm were also regarded as secondary, the spasm to which they are due being of the same nature as that usually met with in the neighbourhood of diseased joints. These deformities are not peculiar to rheumatoid arthritis. The skin changes were considered to be probably due to peripheral neuritis, but whether this neuritis is a primary or secondary phenomenon there is not as yet sufficient evidence to show. Some facts seem to indicate that it is of a primary nature.—Dr. MACLAGAN considered that there was nothing to criticise adversely in the paper. His own views were almost identical with those of the author. If the altered nervous impulses caused arthritic changes, how could they help disturbing the nutrition of muscles, for both joint and muscle were probably innervated from allied nervous structures?—Dr. HADDEN referred to his own paper on that subject published in the Transactions of the Clinical Society. He specially noted the want of harmony in the distribution of the joint lesions and muscular atrophy. In one case mentioned considerable and widespread anæsthesia obtained where there was but little joint mischief. The influence of peripheral neuritis was difficult to gauge, and also its exact relationship to the sensory, arthritic, muscular, and reflex disorders.—Mr. ARBUTHNOT LANE considered that most of the joint changes were due to mechanical causes. His views have been expounded in the Guy's Hospital Reports, and in the Pathological, Clinical, and Medical and Chirurgical Transactions. The nervous system was, in his opinion, invoked far too much to explain this disease.—Dr. HERRINGHAM suggested that ulnar deflection of the fingers might be ascribed in large measure to the wasting of the abductor indicis, which led to the ulnar deviation of the index finger, and this finger then exercised an ulnar pressure on the others.—Dr. ANGEL MONEY referred to peculiarities in the character and distribution of the sweating, and also to gastric and urine derangements, in rheumatoid arthritis. These phenomena were of very transitory character, and reminded one of such rapid changes as occur in acute rheumatism and other diseases having a powerful nervous factor.—Dr. GARROD, in reply, inferred that Mr. Lane's objections were, perhaps, best answered by remembering that similar anatomical changes might result from very different morbid processes. Hard manual work and pressure or mechanical changes could scarcely cause rheumatoid arthritis in a duchess.

Dr. ALEXANDER HAIG communicated a paper on the Effects in Disease connected with Uric Acid of some Drugs which cause Retention of Uric Acid in contrast with the action of Salicylates, as shown in a previous paper. The author stated that a large part of the value of salicylates in uric acid diseases is due to their preventing acids from causing retention of uric acid. Some drugs that have the opposite action of causing retention of uric acids were now contrasted with the salicylates, and their actions in some diseases compared. The drugs whose action on uric acid excretion was now brought forward were lead, iron, and lithia, and it was shown that they cause retention of uric acid, though lithia produces this effect in an indirect manner. Reference was made to the following points in connexion with the action of drugs:—Doubtful value of lithia in gout and as a solvent of uric acid. Relation of dyspepsia to the uric acid headache, and the way in which it explains the periodicity of the attacks. Effects on the nerve centres of any causes of depression in headaches and epilepsy. Sir A. Garrod's investigations on chronic lead poisoning, the presence of uric acid in the blood of such cases, and the action of lead in precipitating an attack of gout, are in accord with the facts now brought forward. Lead as a cause of epilepsy, which can be easily explained if epilepsy is due to uric acid. Iron causing a relapse in gout and doing harm in epilepsy and in uric acid headache. Value of salicylates in gout, chiefly in prevention; why they may not act promptly in acute gout. Reasons for believing that some cases of epilepsy are due to uric acid, just as some cases of headache have been shown to be in previous papers. (References were made to recent observations by the writer in the *Neurologisches Centralblatt.*) Close parallel between epilepsy and the headache in question; close clinical relationship of both to gout. Prevention of epileptic fits by salicylates in place of bromides. Salicylates prevent accumulation of uric acid, and thus stop fits which are due to such accumulation. Probable cure of such cases of epilepsy by the diet, which is so useful in the uric acid headache. When alkalies are given along with bromides in epilepsy less bromides will suffice to keep off the fits. (Allusion was made to the observations of Dr. Radcliffe on this point.) This result is due to the fact that alkalies (as previously pointed out by the writer) prevent retention and accumulation of uric acid; hence, as there is less of the irritant, less bromide will suffice to stop the fits. Dr. Radcliffe's remarks about iron and diet point in the same direction as to the causation of epilepsy by uric acid. Application of the same reasoning was made to attacks of gout and their prevention by salicylates.—Dr. ORMEROD thought that a large number of cases and a long observation would be necessary before Dr. Haig's views could be satisfactorily proved to be correct. He thought there was very likely much truth in them. Reference was made to a case in which megrim was mixed with epilepsy, but without any history of gout. And to another in which rheumatism coincided with chorea and epilepsy in the same family; salicylates, however, though reputed to cause free excretion of uric acid, did not appear, in this case, to improve the epilepsy.—Dr. LAUDER BRUNTON thought very highly of the observations, and considered them of great value, though he was not sure that the root of the matter had been reached. In the causation of headache and epilepsy, more than one factor was at work. In headache, errors of ocular refraction, and other visual troubles, were often operative in the causation. Cases were quoted from his own experience in which the oculist was enabled to afford permanent relief to headache. Bromide of potassium might prove effectual in epilepsy, partly by turning out uric acid and partly by exercising a sedative effect on the cortical nerve cells. He was not sure whether there was an increased formation or increased retention of uric acid in the class of cases considered by the author.—Dr. HALE WHITE considered that lead had a direct action on the cortex of the brain, as seen in its causing saturnine epilepsy and lunacy. If Dr. Haig were right, then, seeing that iron caused a greater retention of uric acid than lead, epilepsy ought to be more frequent from the administration of iron, whereas epilepsy from iron

was very rare indeed.—Dr. HAIG, in reply, maintained that there was not increased formation. Ten years ago Sir Alfred Garrod had shown that uric acid was increased in the blood in epileptic attacks, and he (Dr. Haig) now showed that it was increased in the urine; therefore he thought it right to argue that the state of the urine was an index to the state of the blood. In reply to Dr. White, he said that the dose of iron taken was very large as compared with the dose of lead, and this explained the apparently greater retention of uric acid by the iron.

MEDICAL SOCIETY OF LONDON.

Intra-muscular Injection of Mercury in Syphilis.—Albuminuria in Enteric Fever.

AN ordinary meeting of this Society was held on April 23rd, Mr. Edmund Owen, F.R.C.S., Vice-President, in the chair.

Mr. J. ASTLEY BLOXAM read an interesting communication on the Intra-muscular Injection of Mercury in Syphilis. His attention was first directed to this method by a patient who, being under his care, had occasion to go to Berlin, and was there treated by the intra-muscular method by Dr. Lewin, who had arrived at the conclusion that from 6 to 8 grains of perchloride of mercury injected into the tissues were sufficient to effect a cure. Mr. Bloxam was so impressed with the good results obtained that in 1884 he determined to inject all the cases that presented themselves at the Lock Hospital. Against all the usual methods of administering mercury, it must be urged that a considerable time elapsed before any of the effects of the drug could be noticed, and that when administered by the mouth or by inunction its action was most uncertain, and apt to give rise to rapid salivation. Purging, colic, and gastric irritation were also apt to supervene and cause suspension of the treatment, and we had no means of knowing the amount of mercury that was being absorbed at any one time during the course of the disease, whereas by this method the exact amount of the drug that passed into the system could be estimated. He had employed it in all stages of the disease with excellent results. Various solutions had been proposed. Sigmund's consisted of 4 grains of the sublimate with 80 of common salt to 1 ounce of water; dose from 10 to 20 minims. Rogazzoni recommended 4 grains of the biniodide of mercury with enough iodide of potassium to dissolve it - 4 grains or less—with water, 256 minims; dose, 10 drops. Then there were calomel and glycerine, 1 in 10; and calomel and vaseline, 1 in 5. Since 1884 he himself had employed bichloride of mercury injection 1924 times at the Lock Hospital. As it was impossible for him to see the patients oftener than once a week, he selected a preparation, 8 grains to the ounce, and injected 20 drops of this solution (equal to ½ grain of the salt) deeply into the gluteus maximus each week on alternate sides. An objection to this solution was the difficulty in preventing it undergoing decomposition under the influence of light. The pain produced varied considerably, and seemed largely due to the bulk of the solution. In only one case did an abscess form, but the patient was subsequently injected twenty-six times without ill effect. When bleeding took place at the seat of puncture, indurated nodules formed, which remained for two or three weeks. His observations with calomel and glycerine were not very encouraging; it required a large needle, the syringe was difficult to fill, the solution had to be constantly stirred or shaken up, and the injection caused a good deal of pain and was tedious to carry out. He used 18 minims, which were equal to 1⅝ grain of calomel. Solution of calomel and vaseline he had only used three times in quantities of 9 minims for a dose; all three were followed by much pain and the formation of abscess. These cases led him to endeavour to find a solution that should give a minimum of pain, comprise the smallest bulk, and yet speedily influence the system. These conditions he found were best fulfilled by a solution of sal alembroth, which should not contain an excess of chloride of ammonium, and was made by dissolving 32 grains of perchloride of mercury in 16 grains of pure chloride of ammonium and water sufficient to yield 2 fluid ounces of product; 10 minims of this equalled ½ grain of the salt; it was absolutely permanent, and not liable to fungoid growths or precipitation. The precautions as to injecting could be stated as follows: (1) the injection should be made deeply into the muscles of the buttock, changing sides alternately; (2) the quantity used should be 10 minims and the patient should be injected once a week. He had used this method upwards of 900 times since last November; it caused little or no pain, and no induration at the seat of puncture unless blood was extravasated. In four cases two injections produced slight mercurialism; in none had abscess followed. The patients, after injection, walked away and resumed their employment, no special precautions being taken with regard to diet, and in many no medicine, beyond a little quinine, was exhibited. The primary lesion usually healed after a few injections, and the sequelæ, in some cases extremely severe, were at once arrested. In all cases the effect on the eruptions had been most marked; in seven or eight weeks the most obstinate and recalcitrant skin manifestations melted away, the throat and the glands alone remaining as evidences of the disease. At this period the injection was usually discontinued to once a fortnight, until all, or nearly all, the symptoms had disappeared; then the patient was injected once a month, so carrying on the treatment for a year or eighteen months. The average quantity of the perchloride administered during the whole course of treatment was from 8 to 10 grains, tobacco and alcohol being forbidden. With regard to the elimination of mercury, it rapidly appeared in the urine after every preparation except the biniodide, which latter could only be perceived after the tenth injection. The quantity excreted varied *pari passu* with the amount injected, but the proportion varied according to the particular preparation used. The metal could be detected in the urine for a fortnight after the cessation of treatment, and the quantity in the urine was increased when stomatitis was set up. The hypodermic needles used should be frequently changed, as they were likely to corrode and become brittle. The best syringe was a vulcanised one, to which spare needles could readily be fitted.—Mr. OWEN failed to see that this method was superior to the older fashions of treatment; he himself preferred to use small doses of grey powder by mouth, frequently repeated.—Mr. J. H. MORGAN said that in the practice of Sigmund of Vienna he had frequently seen abscesses follow intra-muscular injection, but Mr. Bloxam seemed now to have obviated this untoward complication.—Mr. BERNARD PITTS thought that a medicine administered once weekly could not be as efficacious as one administered three times daily.—Dr. HANDFORD said that a combination of perchloride of mercury with peptone was now recommended in Vienna, as being less likely to set up irritation.—Dr. HERON had found from personal experience that intra-muscular injection was painful. He referred to a case of obstinate cutaneous syphilitic eruption which resisted other methods of treatment, but which had almost entirely disappeared after thirteen intra-muscular injections.—Mr. BLOXAM never administered the injections till he was sure that syphilis was present. Relapses were not more common than with other methods of treatment. If he found once a week insufficient, he felt inclined to try it more frequently.

Dr. HANDFORD of Nottingham read a paper on Albuminuria in Enteric Fever. He gave an account of his observations in 75 successive cases that had been under his care during the past three years in the Nottingham General Hospital. There were 10 deaths, 7 of them due to perforation, giving a mortality of 13·3 per cent. In 8 cases a post-mortem examination was made, followed by a microscopical examination of the viscera. The account of the lesions in the kidney was based on these, and on two or three other cases not included in the series. Murchison gave 549 cases by ten observers where albuminuria was found in 157, or 28·6 per cent. In the 75 cases observed by Dr. Handford the urine was examined by himself in every case (save one not included in the tables) several times, and in most daily during the severity of the disease. Albumen was present in 42 and absent in 32—that is to say, it was found in 56 per cent. of the cases. Of the 42 cases with albuminuria, 9 died, giving a rate of 21·4 per cent. Among the 32 without albumen there were no deaths. Among the 42 cases there were 3 children, and in the 32 there were 14, showing that there was a much less liability in children to the albuminuria of enteric fever. The cases of albuminuria were classified under three heads: 1. Those with pre-existing definite kidney disease: these cases seemed very rare. 2. Where there was abundant and persistent albuminuria, often to the extent of ·05 up to ·1 per cent. Among these the mortality was very high. The most marked change in the kidney in such cases was found to be interstitial or diffuse nephritis, with glomerulitis and hæmorrhage. The nephritis was probably of septic origin,

like so many other complications of enteric fever. 3. Where the albumen only existed as a trace, and that only for a short time. Among them the mortality was much less. The renal changes were less definite, and sometimes scarcely any alteration could be detected. The chief alterations appeared to be vascular engorgement, with capillary hæmorrhage, slight cellular infiltration and multiplication of nuclei, and cloudy swelling of the epithelium. Marked parenchymatous nephritis, with fatty degeneration of the epithelium, was not found, though some degenerative changes were generally present, but difficult to distinguish from alterations which occurred so rapidly post mortem, especially in death from peritonitis due to perforation. Numerous drawings of microscopic preparations were shown.

SOCIETY OF MEDICAL OFFICERS OF HEALTH.

The Local Government Bill.

AT a meeting of this Society on the 20th inst., the President, Alfred Hill, M.D., in the chair, after the transaction of routine business, a discussion took place on the Local Government Bill as recently introduced in the House of Commons by Mr. Ritchie.

The Council of the Society submitted the following resolution for consideration: "The Council recommend the Society to express the opinion that the interests of the public would be best served by medical officers of health holding their appointments under the County Councils instead of the District Councils, as arranged in the Local Government Bill."

The CHAIRMAN remarked that all present at the meeting were interested in the Bill, and he felt sure would be actuated by one common feeling. The proposal supported by the officers of combined districts was similar to that proposed by the Council. The points of difference between the present meeting and the officers of the combined districts could only be in details, and he trusted that they would fix on a form of resolution acceptable and agreeable to both.

Dr. WILSON moved: "That the interest of the public would be best served by appointments being entirely vested in County Councils instead of in District Councils, as suggested by the Local Government Bill." He supposed that all agreed with him in thinking that several amendments to the Bill were needed. The measure did not go far enough. In rural and small districts it was utterly impossible for a medical officer to satisfactorily discharge his duties both to the public and to his private patients. He cordially endorsed the resolution of the Council.

Dr. ARMISTEAD moved: "That after the word 'public' the words 'in regard to both efficiency and economy' be inserted." He combated the appointment of more than one medical officer, and gave as illustrations Rutland and Salford, Liverpool and Bedford. Every county of 100,000 inhabitants should have one medical officer of health. If the population be larger, an additional officer should be appointed. As to the question of compensation, there could be none; the appointments were only made for one year.

Mr. HENRY ARMSTRONG concurred in the spirit of the Bill, but it did not go far enough. It was not, however, advisable at present to go too deeply into details. One defect was that it affected only a section of their body. The sanitary service has further-reaching interests, interests of a broader spirit. He would like to see introduced officers of a larger scope than those of combined districts. His idea was the appointment of a larger set of officers, with powers extending over counties—say, one officer to two County Councils. This would raise the status of the service. The present Bill leaves a gap between medical officers of health and the Local Government Board.

Dr. ROBINSON agreed with Mr. Armstrong. This was a public question, and it was undesirable to introduce details. They had better limit their recommendations to matters of primary importance. There were, to his mind, two blots in the Bill. These were—(1) the election of medical officers in rural and small urban districts by the District Councils, and (2) the fact that no competent advice or assistance was to be afforded to the councils by the Local Government Board. He alluded to the fact that all reports and returns were to be sent direct to the Local Government Board without the County Councils' knowledge, and therefore without their being able to acquaint themselves with their nature or contents. His first objection would be removed by the transference of such powers to the County Councils, and this deficiency he assumed would be rectified in the Bill. He justified the alteration in the interests of both efficiency and economy. Large areas should be created, otherwise County Councils would make combinations of their own. In the public interest he advocated the granting of the largest powers to County Councils.

Dr. BOND, in discussing the fate of present medical officers of health, said it was most desirable to make the best of present facts and the best of opportunities as they arise. If County Councils could be induced to avail themselves of such sanitary supervision as opportunities occurred, it would lay the foundation for the most efficient work. He did not desire any violent disturbance of existing things. County Councils should be invested with the largest powers, and exercise them in the interests of the public.

The CHAIRMAN said he presumed they ought to come to some resolution.

Dr. TATHAM seconded the resolution. He had carefully considered the Bill. The borough councils now make the appointments, and as their place will in future be taken by the County Councils, he saw no inconsistency in what was suggested. He advocated the process of evolution.

Dr. HIME said that the Bill would in several respects be of comfort to medical officers of health, and they might expect satisfactory results from its working. Some parts of it, however, came as a shock, and he for one had certainly not expected such a sting in its tail. The incomes of officers would be cut down by the action of the Bill. It was a most difficult thing to devote so many hours a day to the public service and so much time to private practice. He advocated not merely the discussion of general features, but the advisability of going into details, and proposed an extension of the views held by the Council of the Society.

Dr. SYKES considered that there was still hope left. The County Councils had numbers of sanitary duties to perform, and skilled opinion was needed for their due performance. They would be compelled in their own interest to make some such arrangement.

Dr. SEATON said that Sir Lyon Playfair considered a population of 100,000 the most suitable, but in this view he did not concur. The question of area was an open one. He strongly advocated the appointment of one medical officer as an expert adviser for each county.

A desultory discussion ensued, and the resolution was finally adopted as follows: "That the interests of the public in regard to both efficiency and economy would be best served by the appointment of medical officers of health being entirely vested in the County Councils, instead of as arranged in the Local Government Bill."

Dr. HIME would like to see the areas over which medical officers of health were appointed largely increased, and endorsed Sir Lyon Playfair's opinion. He was of opinion that it was undesirable for medical officers of health to engage in private practice. He moved: "That in the interest of the public health of counties skilled medical officers be appointed as advisers by County Councils who shall not be engaged in the private practice of medicine and surgery."

Dr. WILSON seconded this resolution. He could not advocate definite areas.

Dr. BOND remarked that there was no provision in the Bill for advice to County Councils, and it ought to be provided. He advocated the consolidation of areas, and felt sure that such an arrangement would prove satisfactory. He moved a resolution to this effect.

Mr. MURPHY pointed out that they were wandering into several questions, and suggested that they confine themselves to one point.

Dr. BOND advocated pressure being brought to bear upon members of Parliament.

On the question of the restriction of private practice a long and animated discussion took place, in which Messrs. Sykes, Bond, Hime, Corfield, H. Armstrong, Tatham, and others joined. Eventually Dr. Hime withdrew his motion on the subject.

A letter was then read by Mr. Shirley Murphy from Mr. Campbell Munro, supporting the action of the Council and recommending combination.

A letter was also read from the Chairman of the Parliamentary Bills Committee of the British Medical Association suggesting the appointment by the Society of members to join a sub-committee in a meeting with Mr. Stansfeld, Sir Lyon Playfair, and Sir John Lubbock for a conference on the Bill, and afterwards a deputation to Mr. Ritchie, who has promised to receive one. This proposal was accepted, and

the following members were selected to represent the Society with the officers—viz, Drs. Wilson, Fosbroke, Tatham, Armstrong, Hime, Corfield, Turner, Woodford, Armistead, and Thursfield.

The discussion, which had lasted considerably over two hours, then terminated.

HARVEIAN SOCIETY.

Fibro-myomata complicating Pregnancy and Labour.

A MEETING of the above Society was held on April 5th, Dr. Sedgwick, President, in the chair.

Dr. JOHN PHILLIPS read a paper on Fibro-myomata complicating Pregnancy and Labour, which chiefly referred to the statistics gathered during the past nine years, and compared them with those found in theses on the same subject by Lefour, Naues, and others. The subject naturally fell under three headings, according as the tumour complicated early pregnancy with non-viable fœtus, pregnancy with viable fœtus including labour, or the puerperium. The uterus was capable of division into three zones—a superior and inferior segment, and the cervix. Fibroids of large size or multiple in character arising in the superior segment give trouble during pregnancy, often necessitating interference, while their presence in the two latter situations often only becomes noticed from the pressure symptoms they may produce, or at labour, when they form more or less serious obstacles to the progress of the child on its way through the pelvis. These could, with some propriety, be called "dangerous zones," the upper, however, being very little less so during pregnancy, both to maternal and fœtal life. Unlike pelvic bony narrowing, it is difficult to fix with any precision the size of a fibrous body which can be called an obstacle to labour. The author had collected fifty-nine cases where some difficulty occurred during pregnancy and labour, but in which abdominal section was not required, and forty-seven in which one or other of the varieties of that operation were performed. Special attention was devoted to myomotomy in pregnancy, five cases being noted and a mortality of 60 per cent. found. In Müller's ablation, or "abdominal section with removal of the tumour and the uterus containing the non-viable fœtus," a total number of nineteen cases was recorded, with a mortality of 36·8 per cent. Analyses of each case were given in a table, special attention being paid to the reasons for the operation. The author then alluded to induction of premature labour, and related two fatal cases in his own practice, illustrating his remarks by diagrams. Forcible reposition was mentioned, and a warning given of the great danger accompanying it. A case of Cæsarean section was briefly related, where a fibroid tumour filled up nearly the whole of the pelvis and the Porro-Cæsarean operation was impossible. The various salient points arising during the operation were touched upon, and it was thought that the case was one with which the resources we have at present at our disposal are unable to cope; the results of twelve other cases were given, and thirteen Porro-Cæsarean operations occurring in the past eight years, the mortality being the same. The author, in concluding, directed attention to a table showing the very high mortality occurring consequent on the use of the forceps, version, and embryotomy in these cases.—Dr. BRAXTON HICKS thought each case must be taken upon its merits. A fibroid of the uterus added greatly to the dangers of pregnancy, especially when situated near the cervix. The tumours frequently got out of the way towards the later stages, and therefore he was accustomed to wait and watch. During pregnancy fibroids grew very rapidly, and might entirely block the pelvis. Reposition was sometimes advisable, and tumours near the cervix were easy to enucleate. Retention of the placenta was another danger caused by fibroids.—Dr. CHAMPNEYS said it was difficult to obtain accurate statistics, rare and fatal cases being alone recorded. Twin pregnancies seemed frequent in cases of fibroids, and these tumours increase the dangers of pregnancy so much that marriage ought to be deprecated. Tumours situated in the posterior wall were the most likely to be attended with ill results, and were less often raised out of the pelvis; hydrostatic pressure, however, often achieved that result. His own cases of version had been successful.—Mr. BANTOCK considered there was great risk of hæmorrhage when endeavours were made to replace the tumours. He would generally prefer Porro's operation, which would also obviate any risk of pregnancy. He had three times removed the uterus for fibroids in which it was found that pregnancy was present.—Dr. CORBYN commented upon the dangers of fibroids in pregnancy. Two cases he had watched had been fatal.—Dr. HANDFIELD JONES emphasised the risks of forcible reposition, and thought the procedure was seldom justifiable, more especially as there was often adhesions between the tumours and important vessels, and because the endeavour caused bruising of the fibroids. He was inclined to prefer Porro's operation. After Cæsarean section the uterine wound had been known to give way.—Dr. PHILLIPS, in reply, said version was contra-indicated.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

Mole Pregnancy and Fœtus Compressus.—Urethral Calculi.—Ovarian and Fibroid Tumours.

A MEETING of the Obstetrical Section of the Academy was held on Feb. 10th.

Dr. COLCLOUGH HOEY exhibited specimens of Mole Pregnancy and Fœtus Compressus. In the latter specimen the fœtus, from its appearance, seems to have reached to about the fourth month and a half of utero-gestation. It was expelled a short time after the birth of a full-time child, and before the expulsion of the placenta. There are some peculiarities presented by it worthy of notice, not the least remarkable of which is its attitude, both legs being extended on the abdomen, the left lying close to the head, on which an impression caused by the foot can be clearly seen. The right foot is rotated on the ankle joint, so that the sole is approximated to the plantar surface of the opposite foot, the upper part of the right foot lying along a point corresponding to the malar bone. The left arm lies along the left side, with the hand hooked at an acute angle to the arm, the palmar surface lying along the lower part of the back of the fœtus. The right arm lay with the forearm bent on the arm, and the hand directed towards the back part of the head. The whole specimen would seem to be nothing more than a mass of adipocere. There was no trace of an umbilical cord, but the placenta was very large, and apparently healthy. A second amniotic sac was not noticed. Minute inquiries failed to elicit the presence of any symptoms which might have led the patient to think there was anything peculiar in her condition. She delivered herself without difficulty, and made a good recovery.

Dr. S. M. THOMPSON exhibited two large Calculi, which he had removed by dilatation from a female urethra. The woman, who was fifty-two years of age, came to the South Union Hospital suffering from incontinence of urine and pain. On examining her he discovered a hardness above the urethra, and on further testing with a probe he diagnosed the existence of a stone. He dilated the urethra with a male dilator, and then tried to extract the stone with a small forceps, but the instrument continually bent. He then applied a large ordinary vaginal forceps, with which he was able to grasp and work out one calculus; the other came out more easily. The woman experienced immediate relief, and in a couple of hours the incontinence of urine ceased. After about ten or twelve days' stay in the hospital, she went out quite well and strong. He had no one to assist him in the operation, and had to accomplish the dilatation as rapidly as possible. The woman had been suffering for above four months previously, and had had no treatment.—Dr. MACAN said the stones were the most remarkable he had ever seen. Their extreme smoothness was most striking; they ought to be examined for the purpose of ascertaining what they were composed of. Professor Simon, of Heidelberg, had shown that, after the dilatation reached two centimetres the operator was on very dangerous ground. If he (Dr. Macan) had to deal with such a case, he would rather extract by means of an incision in the septum. The facility of extraction was accounted for by the smoothness of the surface of the stones.—Dr. DOYLE said the form of the stones was an indication that nature had been working a process of dilatation.

Dr. MACAN showed four specimens of Tumours. The first was the head of a child born a few days since in the Rotunda Hospital. The woman had been undergoing a very protracted labour, and was brought into the hospital. On examination the head of the child was found to be en-

compassed with an elastic tumour filled with blood, and so disposed that it was difficult to detect the child's hair. Before delivery the child was known to be alive, although the fœtal heart could not be heard. The child was delivered with some difficulty with the forceps, and was a very large one. The whole surface of the tumour was then of a bright crimson colour. Next morning it was incised, and the hair underneath was found to be cut off as sharply as if it had been shaved; he had never before seen anything exactly like it. The labour lasted twenty-four hours. While examining with his finger before delivery, the epithelium of the vagina came off under his finger, which he believed was due to an acrid secretion. The second specimen was an ovarian tumour, which was removed from a girl who was sent up to the hospital from the county of Westmeath. When she first came she was in the seventh or eighth month of pregnancy, and had a very large abdomen. The tumour afterwards got smaller from day to day, and when he (Dr. Macan) first saw it, it was not the size of his hand, and in fact it required some skill to ascertain whether there was a tumour there at all. He thought this might have resulted from rupture of a cyst and the absorption of contained fluid. The next time he examined her the tumour was almost as big as ever, and he diagnosed that another cyst had developed. When he operated he found an extremely short pedicle. The next specimen was a tumour removed from an unmarried woman, which had been eight or nine years growing. She was a miserable, wretched creature, and at first had objected to undergoing an operation, but afterwards changed her mind, and came to the Rotunda to be operated on. On the morning of the operation her temperature was 102·8°, and she had great pain in the abdomen. It was at one time hard to say whether the tumour was fluid or solid. After making a large incision, he first got hold of an enormous tube, from which a quantity of pus escaped, and then the opening was closed by a wisp of hair, which showed the tumour to be a dermoid cyst. She got on very well for some days, until suddenly one morning her temperature rose to 103°, her pulse being only 88, and a great swelling appeared in the right parotid region, from which it was obvious that she had parotitis on that side. The patient had since been going on extremely well, and that day she was up; but in the evening her temperature was 101°, for which he failed to recognise any cause. The remaining specimen was an ovarian tumour, which he removed on the preceding day from a woman in the Rotunda Hospital. The diagnosis was very difficult, and the operation was approached with great doubt. She was examined under ether, and the posterior wall of the uterus found to be very thin, but the tumour could be separated from the uterus with the sound. There was great difficulty in getting the tumour out through the pelvis, and there was an enormous pedicle, part of which was left behind. It was a ligamentous growth. At one time he thought of enucleating the tumour from the broad ligament, but he found that to be impracticable. There was a considerable quantity of pus in the tumour. Up to the present the woman was going on very well, the only danger being that some change might take place in the position of the pedicle that had been left behind.

Dr. M'MORDIE read a paper on the successful removal of a large Fibroid Tumour.

Dr. SMITH then read the report of the Rotunda Hospital for 1887.

LEEDS AND WEST RIDING MEDICO-CHIRURGICAL SOCIETY.

AT the meeting on March 2nd (Dr. Bell in the chair), the following cases were brought forward:—

Simple Perforating Ulcer of Septum Nasi.—Mr. JESSOP read notes of four cases. The first, a lady aged forty-four, applied on account of a whistling sound produced when she breathed through her nose. There was some ulceration round the perforation, with dried blood on the surface. Under the application of strong nitric acid and subsequent scraping the sore soon healed, the perforation remaining admitted a cedar pencil. The second case occurred in a woman of thirty, married. The aperture was at the anterior edge of the septum, of a year's quiet progress. The third was in a man of thirty-nine. The aperture was of the size of a threepenny-piece, and the edges were covered with crusts, which he was in the habit of removing with his finger. There was no bare bone. The sore improved under the use of nitric acid. The fourth case occurred in a lady of thirty-four, who applied to him in March, 1885. She had been married ten years without family. Her uterus was anteflexed, and there was a copious uterine discharge. In September, 1886, the sight of one eye began to fail, for which spectacles were given, and in April last she complained of redness of the right ala nasi. In August an examination in consequence of nasal irritation revealed a perforation of the septum, which improved under local treatment. Her husband thought he had had syphilis three years before his marriage, but there were no secondary symptoms. This was the only case in which there was the faintest suspicion of a syphilitic history. Mr. Jessop commented on the slow undemonstrative advance of the disease, its uniform character, and the absence of fetor or discharge. It was a condition affecting middle life and answered well to local treatment, antisyphilitic remedies being useless.—Dr. CHURTON suggested a trial of opium for non-syphilitic nasal ulcers.—Dr. BARRS described a case which had been under his care with anomalous nervous symptoms, in which there eventually supervened a condition of progressive ulceration of the nose, with atrophy and disappearance of the turbinated bones, but without discharge or fetor. He thought it was neither lupus, rodent ulcer, nor syphilis.—Dr. A. BRONNER referred to the researches of Zuckerkandl, who found out that of 180 necropsies the septum was perforated in eight. Three of these had the apertures covered by a thin skin. He had recently examined about eighty cases, and had found a perforation in two.

The Treatment of Urethral Stricture by Rapid Dilatation.—Mr. MAYO ROBSON remarked that the rapid dilatation of stricture by means of Lister's graduated metal bougies, either used immediately, dilating at once up to No. 13 or 14, or, if the smallest metal instrument could not be passed, employing the same method after a fine filiform bougie had been left in for forty-eight hours, was in his experience a safe and efficient means of treatment. In some cases he had injected a solution of cocaine into the urethra before dilating, but in only one case had he employed a general anæsthetic. In two cases of extreme distension of the bladder, where no instrument could be passed, the bladder had been aspirated several times, and then it had been possible to pass a fine bougie and to dilate. Mr. Robson related selections from fifty difficult cases thus treated, and remarked that if this method were adopted cutting operations would only be required very occasionally—e.g., internal urethrotomy in very resilient strictures, and external urethrotomy in cases of extensive fistulæ, or abscess, or extravasation. He always advised his patients to pass a No. 9 or 10 bougie once a week. He had treated many more cases than those related, and had never seen any serious symptoms to follow.—Mr. R. ATKINSON was in the habit of applying nitrate of silver to strictures by a *porte-caustique*.—Dr. SWANN had met with many strictures which, on account of their resiliency, relapsed rapidly after dilatation by this method, and a cutting operation became necessary.—Mr. LITTLEWOOD preferred the method of rapid dilatation. No cure for stricture, however, was permanent.—Mr. JESSOP reviewed the various treatments of stricture he had successively seen in use. He thought no method was universally applicable, but that internal urethrotomy was preferable for penile strictures and perineal section if there were many fistulæ.—Mr. MAYO referred to an explanation given by Mr. Teale of the good effect of complete dilatation, by which the urine flowed freely out instead of lodging behind a partly dilated constriction.

Nitrate of Silver in Erysipelas.—Dr. ALLAN recommended painting the part affected with a solution of silver nitrate in spirit of nitrous ether (saturated solution). He had found this of use also in cases of threatened bedsores.—Mr. JESSOP referred to the use of iodine and iron as external applications. He believed the use of the latter originated in the Leeds Infirmary, where a thoracic aneurysm was treated by the application of iron by the late Dr. Hardwick. At the necropsy the solution was found to have penetrated the tissues very deeply, and at the point where the aneurysm had become affected by it there was a clot formed, and at that point only.

Case of Variola coincident (?) with Typhoid.—Dr. PURDY was called to a case which, with a history of three weeks' slight illness, presented all the characters of enteric fever, with rose spots on the abdomen, temperature 102°, in-

creased splenic dulness, and characteristic "pea-soup" stools. The temperature rose to 104° on the fourth day, with delirium at night. The next day there was a copious pustular eruption, and the patient was removed to the small-pox hospital, where he died. There were absolutely no symptoms of variola, pain in the back, &c.—Mr. GODFREY CARTER related a case of variola which he was called to on the eighth day, the patient having worked up to that time. There were only two or three pustules, and neither pulse nor temperature had exceeded 100°. On recovery, however, the patient was extremely weak.—Dr. CHADWICK had seen the case of a child who had the typical appearance of typhoid. Three days later, however, three pustules appeared, and the case turned out to be variola. In another case the symptoms and rash were those of scarlet fever, and the child was taken to the fever hospital; the day after, however, it was removed to the small-pox ward.

Reviews and Notices of Books.

Autobiography of Samuel D. Gross, M.D., D.C.L. Oxon., LL.D. Cantab., Emeritus Professor of Surgery in the Jefferson Medical College of Philadelphia; with Sketches of his Contemporaries. Edited by his Sons. In Two Volumes. Philadelphia: George Barrie. London: Crosby Lockwood and Son. 1887.

IT is altogether a pleasant and instructive thing to read the autobiography of a man who has lived a long, useful, and eventful life. To the careers of few men can these adjectives be more fully applied than to the life of Professor Gross, who after the death of Valentine Mott was clearly to be regarded as the leading surgeon of the United States. His life extended over nearly eighty years, and the professorial part of it to nearly half a century. He was a successful teacher in five medical schools, and had invitations to as many more. He received rare honours, too, in our own country, and when he went to Berlin Virchow gratified him greatly by telling him that he owed much to his work on Pathological Anatomy. There was in Gross's character a fine element of independence and self respect. Some might think that this occasionally verged on self-conceit; but we do not think so, and we esteem the author the more for telling us frankly all he thought of himself, and even when he thought well. This independence served him in good stead all through his life, and was of course one chief element in the success and the happiness of it.

It would be impossible in the space at our disposal to do justice to such a character and career as those of Gross, or rather to his account of himself (the child of German parents), from his birth, near Easton, Pennsylvania, to his death. To have lived through eighty years in any country in any rank of life is a distinction; to have lived them in such a country as the United States, and in the front rank of one of the foremost professions, is at once a distinction and a responsibility. These years included one of the greatest civil wars of modern times, ending in one of the greatest issues. And they found Gross ready and sympathetic and helpful. On his way to the battlefield at Shiloh, Tennessee, he delivered, at the unanimous request of a large number of medical men in the boat, an extemporaneous lecture on amputation and gunshot wounds. On his return home he did a good deal of military surgery, and was one of a board of commissioners with Mott, Van Buren, and others to report on artificial limbs. But the character of a man like Gross does not require a great war for its illustration; it comes out in common things—in his judgment on the great questions which affect mankind, and especially those which affect his profession. As early as the age of six he resolved to be a physician; at seven he had a sharp fit of love. The age of seventeen was what he calls in his biography, in italics, *the turning point of his life*. Our readers will be interested to know what this was. It was simply the discovery of the defects in his general education, especially in his knowledge of Latin and Greek. Thereupon he, with the consent of his principal, ceased to be a medical pupil and went to a good academy to overcome the defect. "Latin, English grammar, mathematics, and Greek," says Dr. Gross, "formed my daily occupation, and no youth ever worked harder than I to acquire knowledge." Mathematics he detested. He never understood the most simple rule in algebra. But he was fond of languages, and while practice was yet small, and the means of living scanty, he supported himself by translating German works. This department of study also developed the literary quality in him, which took the shape largely of writing biography. This proclivity, indeed, is too prominent in the work under notice. Not only is there an appendix of short biographies of leading men, chiefly medical men of his own and other countries, but the autobiography is a little too much invaded with descriptions of all sorts and conditions of men whom the author had encountered. But it remains a most interesting and well-told story of a rich life, full of manly judgments on all sorts of questions: from cremation and Malthusianism to the treatment of wives and children; from the use of quoits and other games in developing handiness to the use of forceps in midwifery—a practice, by the way, which he did not take to so kindly as to most modern improvements, for he tells us that though at one time he had a large family practice, and never lost one case of puerperal fever, he never had occasion to apply the forceps in any case originally under his care.

The books (two volumes) are beautifully executed, and make a valuable contribution to medical biography.

OUR LIBRARY TABLE.

Index Medicus. A monthly classified Record of the Current Medical Literature of the World. Compiled under the Supervision of Dr. JOHN S. BILLINGS, Surgeon, U.S. Army, and Dr. ROBERT FLETCHER, M.R.C.S.Eng. Boston: George S. Davis. London: Trübner and Co., and H. K. Lewis.—We have much pleasure in announcing the completion of the ninth volume (1887) of this most valuable work. The part containing the index to the volume has recently been issued, and affords a good gauge of the extent and range over which the compilers have swept. The index to the work is divided into two parts: one containing fifty closely printed pages in triple columns of the names of authors whose writings are chronicled, the other nearly fifty pages of references to subjects. The editors and the publisher deserve high praise for the punctuality, zeal, and public spirit with which they have performed their several labours. It cannot be too often repeated that the *Index Medicus* is what it professes to be: it is a complete and accurate record of all the current medical literature of the world for the corresponding year. The last volume contains nearly 700 pages of references, in double columns. But it is a matter of regret that, as we announced two weeks ago, the work is still not self-supporting. This is really a reproach which every educated medical practitioner should do something to remove. It would be almost calamitous if the undertaking were to cease for lack of adequate financial support.

A Movable Atlas, showing the progress of Gestation—Pregnancy at full term. By G. J. WITKOWSKI, M.D. Together with a Synopsis of Practical Obstetrics, by Professor PAJOT of Paris. Translated and edited by R. MILNE MURRAY, M.B. Edin. London: Baillière, Tindall, and Cox.—This Atlas is ingenious, but we much question its practical utility. As regards the letterpress, it appears to represent the cream of Professor Pajot's teaching in a brief form, and we have read it with considerable surprise, for the practice in many if not the majority of instances is what has been considered for many years, in England at least, bad. We will give a few

instances. Bleeding is recommended for hæmorrhage during pregnancy (p. 3); traction on the cord for the removal of the placenta (p. 6); ergot for uterine inertia before the birth of the child (p. 8); bleeding for rigidity of the os uteri (p. 9); incisions of the os for rigidity (p. 9); for hæmorrhage at the beginning of labour, plugging the vagina with perchloride of iron (p. 9); repeated applications of the forceps at intervals of an hour or two (p. 11). As regards the translator's work we have little to say; the translation of French measures into English, which should in our opinion be always given, has been omitted; "pub*is*" occurs constantly as the nominative, which it is not ("pub*es*" or "os pub*is*" is correct); and, on the whole, we think his time might have been more profitably spent.

The Children of Silence, or the Story of the Deaf. By JOSEPH A. SEISS, D.D., LL.D. London: Crosby Lockwood and Son.—This is an instructive and very readable little work, dealing more or less closely with the whole question of the condition and education of deaf-mutes. It is conveniently divisible into three principal sections. The first of these comprises census and other returns relating to the distribution of this afflicted class in America and Europe; in the second the causes of defective hearing are ably discussed; while the third consists of an interesting sketch of the past history of deaf-mute education. The observations on etiology are particularly interesting, especially the paragraphs relating to the influence exercised by intermarriage and heredity, which, it is generally allowed, have much to do with the production of congenital deafness. As a handbook for professional readers, however, the work would be much more valuable if it contained some detailed statement of the educational methods now in use. For some reason this important part of its subject matter is merely referred to in passing. An index to the various teaching institutions established throughout the world, with the method or methods employed in each, forms a useful close to the volume, which we can recommend as being, so far as it goes, a careful contribution to the literature of a subject the importance of which is hardly yet sufficiently appreciated.

Saint Thomas's Hospital Reports. Vol. 16. London: J. & A. Churchill. 1887.—An observation upon the Physics of the Male Urethra, by W. W. Wagstaffe, is an interesting article. It is known that a natural twist is given to the catheter during its removal from the bladder and urethra of the male, a rotation very sensible to the feel, especially when light and flexible instruments are used. In order to test the point more accurately, a *bougie à boule* of medium size is passed into the bladder, and then withdrawn, until a check is felt by the neck of the bladder; the degrees of rotation are estimated by means of a pin fixed vertically into the stem of the bougie just outside the meatus. The practical application of these observations is not yet obvious, but perhaps some inkling of the kind of rotation necessary for the easy introduction of an instrument may be derived therefrom. The paper on Typhus and Relapsing Fevers in Egypt, by Dr. F. M. Sandwith, is full of the special interest that attaches to these typho-malarial processes. Dr. Percy Smith has written on Cases of Acute Delirium or Acute Delirious Mania. Dr. Copeman's article on the Blood in Pernicious Anæmia contains much of histo-chemical interest. Human hæmoglobin can only be obtained with the greatest difficulty normally. It is certainly remarkable that crystals of hæmoglobin should be formed spontaneously from the blood in cases of pernicious anæmia, and this in the absence of any special preparation. The colour and shape are in favour of the crystals being really hæmoglobin. "The specimens of blood were quickly dried, so that if the crystals were derived from the plasma they should have appeared at once, whereas they did not become apparent until a certain time, varying from ten minutes to forty-eight hours." Mr. Clutton's paper on the treatment of Cystic Bronchocele is very full of practical details. Mr. Ballance's remarks on Obsolete Pus on Hernia, and on Circumcision are instructive and useful. Dr. Sharkey presents some cases of Hysteria and allied conditions, in the treatment of which isolation, electricity, and massage were used.

Journal of Comparative Pathology and Therapeutics.—We are pleased to welcome a new addition to the scientific journals dealing with comparative pathology. The journal in question is edited by Mr. M'Fadyean, of Dick's Veterinary College, Edinburgh, and the first number contains a large collection of interesting articles. The editor himself contributes the most important of these—viz., on the Pathology of Hæmoglobinuria of Horses—an obscure affection, which requires to be minutely studied. Mr. M'Fadyean discusses the several theories that have been advanced to explain the symptoms of the condition, and shows where they are defective. Dr. Woodhead commences a paper on Pleuro-pneumonia, and a translation of an article by M. Nocard on the Diagnosis of Glanders shows how bacteriology is available in practice. A paper by Mr. Walley on Veterinary Sanitation should also be mentioned. Besides the general articles, there are editorials, reviews, clinical articles, abstracts, and reports, the whole forming a very readable number. There is certainly room for such a journal, which should stimulate research in veterinary science. The journal is to appear quarterly, and it is published by W. & A. K. Johnston.

The Royal London Ophthalmic Hospital Reports. Edited by MARCUS GUNN, M.A., F.R.C.S. Vol. XII., Part 1, January 3rd, 1888.—This part contains the following papers:—1. G. Lawson on a Case of Tension of the Optic Nerve. 2. W. Lang and James Barrett on Convergent Strabismus. 3. E. T. Collins on some of the Complications after Extraction of Cataract. 4. J. B. Lawford on Four Cases of Orbital Sarcoma in Children (Curator's Pathological Report). 5. R. W. Doyne on Tobacco Amblyopia (with charts). 6. W. Lang and James Barrett on the Frequency of Cilio-retinal Vessels and of Pulsating Veins. A very fair number, considering that the Ophthalmological Society's Transactions constitute a rival journal.

The Journal of Physiology, Vol. IX., No. 1. Edited by MICHAEL FOSTER. March, 1888. Cambridge.—This part contains:—1. A memoir on the Chromatology of some British Sponges, by C. A. MacMunn, with a plate. 2. A memoir on the Effect of Stimulation on the Polarisation of Nerve, by G. N. Stewart. 3. A paper by W. Griffiths on the Rhythm of Muscular Response to Volitional Impulses in Man. Lastly, the Proceedings of the Physiological Society for December, 1887, and March, 1888. Mr. Griffiths adduces good evidence to show that the number of vibrations in contracting muscle is not, as has been generally supposed, 19·5 vibrations per second, or rather 39 vibrations, but a much lower number, being usually from 10 to 14.

Dictionary of National Biography. Edited by LESLIE STEPHEN. Vol. 14: Damon—D'Eyncourt. Pp. 456. London: Smith, Elder, and Co.—This new part includes notices of Charles Darwin, Sir Humphry Davy, and others, and is therefore of special interest.

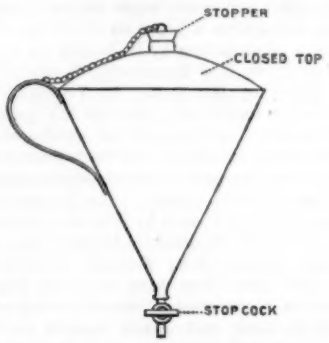
Sell's Dictionary of the World's Press and Advertiser's Reference Book for 1888. Pp. 1348. London: Sell's Advertising Agency, Fleet-street.—This volume is the eighth consecutive year of publication. It is a large and comprehensive work. It comprises every variety of information connected with newspapers and journalism, and as a press guide has obtained considerable reputation. Its price is 2*s*.

Shelley and Co.'s Complete Press Directory for 1888. Pp. 190.—We have also received this volume, which is cast on a smaller scale, and is one-half the cost of the above-noticed work. It is, however, full and complete of its kind.

New Inventions.

A NEW FEEDING FUNNEL.

IN the opinion of most asylum physicians the funnel is to be preferred to the stomach-pump for cases where forcible alimentation is necessary, the force of gravitation alone presenting obvious advantages, especially if the outlet of the funnel be fitted with a stopcock. Although this to some extent prevents regurgitation, yet, with a troublesome and strong patient, those who have had much experience in feeding will know how unpleasant it is for both attendants and doctor when a sudden and powerful regurgitation ejects a portion of the contents of the funnel over the clothes of those near. Notably is this the case if cod-liver oil is one of the ingredients in the food. To remedy this,



the writer has had made for him by Messrs. Hancock and Co., instrument makers, of Westgate-street, Bath, a new form of funnel, with closed top, and an easily removable stopper of vulcanite (attached to the top by a small chain). This stopper can be removed and replaced in a second, so that the person feeding can see how far the contents of the funnel are exhausted. In the writer's hands it has been very successful, preventing all waste and mess. The apparatus is made in block tin, and Messrs. Hancock are prepared to supply it at a very moderate cost. Those who have many cases of feeding would find it well worth a trial. By means of a short piece of rubber tube this funnel can be fitted to any stomach tube. Annexed is a diagram of the funnel.

J. J. FREDERIC BARNES, F.R.C.S.,
Medical Superintendent, Kingsdown Asylum, Box, Wilts.

HYPODERMIC ANTISEPTIC INJECTOR.

THIS patent instrument, invented by Dr. George Whyte of Elgin, deserves attention, and, perhaps, is destined altogether to replace the ordinary hypodermic injector. It was specially devised for use with hypodermic tabloids, but answers equally well for ordinary hypodermic solutions. It differs from the common syringe in having an india-rubber pump in place of the usual piston; a guiding rod passes through the centre of the pump, and ensures its even and smooth working. The case in which the injector is fitted contains a small glass vessel and rod to make the solutions, and there is enough space to accommodate four tabloid tubes. The glass barrels are graduated for ten drops, which is amply sufficient for all practical purposes. In using, the instrument should be held between the first and second fingers, knuckles downwards, with the thumb on the pump. The pump is then compressed, and the point of the needle placed in the solution and allowed slowly to fill the syringe. A fold of skin is then pinched up in the usual fashion and the needle rapidly inserted, the pump again compressed, and the pressure kept up till the needle is withdrawn. The great value of the invention is the doing away with the piston, which is a constant source of annoyance even in the best hypodermic injectors. As the volume of fluid entering the injector exactly corresponds to the volume of air previously expelled, it is scarcely possible, with ordinary care, for air to get into the tissues. Again, this injector can hardly get out of order; the inventor has used one for over three years, and states that it has never once gone wrong. The instrument is manufactured by J. Gardner, of 32, Forrest-road, Edinburgh.

ON COLD AS A CAUSE OF DISEASE.

To the Editors of THE LANCET.

SIRS,—I have read with considerable interest Dr. Ransom's paper and the editorial remarks "On Cold as an attributed Cause of Disease." The etiology of any disease is necessarily a very important part of pathology.

The prevalence of the opinions on the agency of cold as a cause of different—and very different—kinds of disease is, it appears to me, almost as deeply ingrained among medical men as among the public, and the examination and discussion on the question cannot but be of great value. The subject is not, however, absolutely new, and criticisms on the prevailing doctrine have long ago appeared in the periodical literature. I remember reading an article on this question so long ago as about 1837 or 1838, written by a medical man, I believe, of Brighton, which appeared in the *Medical Gazette*. Dr. Ransom has not alluded to that article, and probably never saw it, as the line of argument adopted by him is quite different from that chosen by the writer referred to; and which, as well as I can remember, was directed against the popular notions then prevailing on the agency of cold and draughts in causing catarrh and catarrhal affections—and such maladies certainly are *par excellence* the affections which popular opinion would fix upon to prove the doctrine. Taking cold or catarrh, the writer of the article in the *Medical Gazette* argued that, admitting that patients in many cases could fix upon the exact time when they first felt the cold or draught to which they attributed their illness, and from which they accurately date all the subsequent symptoms, this observation was a false one so far as the commencement of disease was concerned. For it is well known that a very early symptom of catarrh is a hyperæsthesia of the cutaneous surface; so marked is it in some cases that the patient can scarcely turn in bed for the extreme sensitiveness that he feels. The disease, the writer argued, had already commenced when the chill was first observed, and he would have taken no notice of the draught or cold current but for the state of hyperæsthesia. He showed that we are all frequently exposed to currents of air without feeling the least ill-effect, and even a hurricane will not give rise to catarrhs; that those persons most exposed to draughts, as coachmen (he wrote in old coaching days), and bathing-women, who stood in the water half the day, were not more liable to cold, but rather less so than other people. He also argued that if a circumscribed current of air, as from a small aperture, like that occurring to one sitting near an open window, formed the necessary cause of a catarrh, then since, when a catarrh affected one member, the disease generally ran through the rest of the household and attacked member after member, we should have to admit and believe that one after another of the family were suddenly seized with a fancy to seat themselves at a similar open window. But since not only catarrh was attributed to draughts, but sore-throats, toothaches, swollen glands, &c., it was certainly very difficult to understand how a draught could reach the tonsils—that the cold current of air could run the gauntlet of the turbinated bones to reach the tonsils.

The popular feeling of disease being due to draughts has acted detrimentally as well as absurdly. It has led people at different times to prevent all ventilation, as in cases especially of fever and small-pox, when fresh air is particularly desirable. It has led people to act in an anti-sanitary manner and led to many absurd fancies. I once knew an elderly spinster refuse to sit on a cane-bottom chair for fear of a sciatica.—Yours faithfully,

Shrewsbury, April 1888. W. H. O. SANKEY, M.D.

THE LANCET.

LONDON: SATURDAY, APRIL 28, 1888.

FOUR MEMORANDA have just been issued by the Medical Officer of the Local Government Board. Some of them appear to be reissues of former similar official documents; one, at least, seems to be altogether new; but whether new or old, they all contain information and suggestions that are of interest at the present moment.

The first is a mere leaflet evidently intended for wide distribution amongst those classes who, unable to see that the devastation which in pre-vaccination days was caused by small-pox is only held back by that preventive operation, and who, without having any belief in the views put forward by anti-vaccinationists, have become lax as to a prophylactic the urgent need for which is to them less apparent than it used to be. The leaflet urges that small-pox still claims its hundreds of victims amongst unvaccinated infants just as it formerly claimed its thousands amongst the then larger number of the unprotected infant population; that vaccinated children, if they do contract small-pox, are not maimed, disfigured, or killed as are the unvaccinated; and that vaccination needs to be repeated at or before the age of twelve years in order to ensure the maintenance of the protective power afforded by an infantile vaccination. And, quoting the words of the Select Committee of the House of Commons (1871), to the effect that when the operation is properly done "there need be no apprehension that vaccination will injure health or communicate any disease," the leaflet goes on to indicate that the efficient protection indicated can be secured free of cost at the hands of public vaccinators officially appointed throughout the country. The leaflet is brief and simple in its wording; it bears the official stamp as a warrant of its source, and is evidently intended to be purchased for distribution in bulk. Guardians and select vestries, carrying out the provisions of the Vaccination Acts, would do well to supply them to their officers on a large scale.

The second is a Memorandum on Revaccination, and it follows the lines of the Order which was recently issued lowering the ordinary age at which the public can claim revaccination free of cost, from fifteen years to twelve years. Occurrences of small-pox that have received careful study during the past ten years or so have more than ever demonstrated the extraordinary protective power of a comparatively recent vaccination; but, at the same time, they have also shown that even an efficient infantile vaccination tends to lose its value at a period antecedent to that of puberty. Hence the need for revaccination; and it is asserted in the memorandum that a properly performed revaccination gives a second measure of protection at least equal to the first. How long this repeated immunity lasts has not yet been clearly shown, and it must remain an open question whether vaccination, to ensure a permanent protection against small-pox, needs to be again repeated at certain intervals of time, or whether the protection afforded by a primary vaccination and followed by a revaccination at twelve years or thereabouts will last for an ordinary lifetime. For the most decisive evidence as to the potency of revaccination we have largely to thank the German Government, who, by applying the operation to their recruits, have expunged small-pox from amongst the list of military fatalities, whilst the soldiers of neighbouring States remain, as heretofore, subject to that eminently preventable scourge.

The third memorandum also deals with small-pox, and it supplies in an easy form information as to the respective duties of vaccination authorities and sanitary authorities, and of their several officers, in face of actual or apprehended danger from small-pox. The document appears to be, in the main, a reissue of a similar memorandum of some years' standing; the needed information as to duties being brought up to current date, in so far as they have been affected by recent legislation or the issue of new Orders relating to the subjects dealt with. The authorities referred to, and the several officers concerned in dealing with small-pox, will find the memorandum very helpful in the performance of their respective duties.

The last one of this series of memoranda is in no way limited to small-pox. It deals with the provision of isolation hospital accommodation by local sanitary authorities, and it supplies a want that has long been felt. It is now some eight years since Dr. THORNE THORNE presented his exhaustive report on the Use and Influence of Hospitals for Infectious Diseases to the Local Government Board. Some such report was at the time much wanted, and, owing to the demand for it, it became necessary in about a couple of years to reissue the volume. But that report contained a description of good and bad hospitals alike, of success as well as of failure in carrying out isolation; and its length alone prevented any but experts from seeking out that which they should follow and that which should be avoided. Hence the value of the present memorandum. Like the others referred to, it is brief and simple. It avoids discussing the details of construction for large town infectious hospitals, each of which must in the main be dealt with in connexion with local considerations; but it lays down the principles which should guide sanitary authorities in the provision of all such hospitals, whether for town or village; and it goes into some detail as to those conditions affecting site, position, and arrangement of buildings which should always be observed. It also embodies a series of lithographic plates, showing, firstly, a small four-bedded cottage infectious hospital so contrived as to allow of the separation either of sexes or of two diseases; secondly, two pavilions, one for six beds and one for ten beds, in which both sexes and two diseases can be simultaneously treated with reasonable security and isolation under the same roof; and, thirdly, an ordinary ward pavilion for twelve beds, so divided as to receive one infectious disease in both sexes. Each of these plans indicates clearly the wall space, floor space, and cubic capacity which should be allotted to each bed, and, by sections and otherwise, several of the more important details of construction are shown. In two of the plans prominence is given to the need for an unoccupied zone of at least forty feet between the close fence surrounding the hospital site and such buildings as wards, laundry, mortuary, &c. But

especial prominence is given to the fact that such a zone can no longer be held as sufficing for the purposes of the isolation of small-pox. As yet the evidence as to the mischief wrought by this infection is limited to the experience of towns, but the principles governing the aerial diffusion of the poison are probably much the same in town or country, and hence the following caution is embodied in the memorandum: "Sites for hospitals designed to receive small-pox require a very much larger space about them than sites for other infectious diseases hospitals. Small-pox hospitals, as we know them, are apt to disseminate small-pox, and their sites should therefore be placed outside of towns, and should, indeed, be sought at places as far distant from any populated neighbourhood as considerations of accessibility permit. It has been suggested that small-pox hospitals may be so constructed as not to be dangerous to neighbouring habitations; that this can be done by a system of passing through a furnace all outgoing air from infected wards and places; but this suggestion has not yet been carried into effect in England." We have quoted the above sentence in detail, because, although the evidence on which the caution it embodies is based has more than once been set forth in the reports which the Medical Officer of the Local Government Board annually submits to the President for presentation to Parliament, this statement is, we believe, the first that has found a place in a document designed by the central authority for wide distribution amongst the public. When we add that all but one of these several memoranda have been placed on sale at prices in no case exceeding twopence, it will be seen that their utility to the ordinary public has been largely held in view.

READERS of PLATO'S Dialogues do not need to be more than reminded of the peculiar features of that method of oral instruction which proved so efficient in the hands of his great master. SOCRATES taught by interrogation, by probing the knowledge or the ignorance of his hearers, by suggesting difficulties and inconsistencies, and by hinting rather than elaborating the conclusions towards which his mind was impelled by the evidence at his command. We need not stop to point out how superior in persuasive power such a mode of reasoning is to the dogmatic method, which relies for acquiescence mainly upon the authority of the teacher. In the former case truth instils itself into the intellectual nature and acts like a silent but mighty leaven, whereas it is a very general characteristic of the human mind to resent dogmatism as an insult to the intelligence. Of the "glorious gains" of the long ages of human progress, few are so precious as the wide recognition of the great principle that truth may safely be allowed to win its way by its own inherent force, and that it needs not to be bolstered up by authority or precedent, but claims simply a fair field for development and progress. The "Socratic method" has been a favourite with teachers of all ages, and it has proved of immense value in clinical instruction. We propose to glance briefly at the modes in which it may be most successfully employed in the bedside instruction of students.

A favourite method much employed by the most distinguished members of the profession is the following. A class of students having been grouped round the patient's bed, one is selected and allowed a few minutes to make an examination and form his conclusions regarding the nature of the disease. He is then questioned, and his answers form the basis of the instruction conveyed to his fellows. If his answers be correct and his conclusions just, the teacher amplifies and emphasises them. If he has hastily rushed to a premature conclusion, a series of careful questions leads him gradually to see the inadequacy of the grounds upon which it has been based. If he has overlooked any important symptom, the interrogations are so framed as to direct his attention to the affected organ, and to induce him to note the symptom himself, rather than to announce it plainly to him. This method, in the hands of a master, is beyond question one of the most powerful means of intellectual stimulation at our command. It has the double advantage of conveying instruction in a very impressive form to one individual, and of enabling others to profit alike by his knowledge and his ignorance. It is a method, however, that has its limitations and its dangers. In the first place, the student selected to bear the brunt of the teacher's cross-examination must possess a fair substratum of knowledge, otherwise his mistakes will be so egregious as to excite the ridicule of his companions and cover himself with confusion. Hence no very young and inexperienced student should, as a rule, be selected, unless the teacher has the happy knack of dealing gently and encouragingly with even the densest ignorance. Many are the cases in our hospitals of a young student who has been picked out at random from his companions, compelled to examine some obscure case of disease previously quite unknown to him, and then made to stand the full battery of interrogation and sarcasm from a man of long experience and ample information, who easily forgets that he was once as raw and ignorant as his helpless victim. A student, under such circumstances, may be excused if he feels a grievous sense of wrong, and reflects on the injustice of expecting from him a proficiency and experience which he has not yet had the opportunity of acquiring. On the other hand, he will often feel a lifelong gratitude to the teacher who in such a case deals mercifully with his inexperience, shows him his ignorance without mocking at it, and thus at the same time points out to him his weaknesses and the means of remedying them. In the second place, the method does not adapt itself to all types of disease. In some cases, especially in those diseases of which we learn all or nearly all that we know by the eye, the method of demonstration is often to be preferred. The "Socratic method" is excellent for analysing a case of cardiac disease or for investigating the nature of an obscure tumour, but it is less signally useful in conveying instruction in such departments as diseases of the skin or surgical injuries. In such cases the student has to observe more than to reason, and it is rather in cases requiring more or less sustained reasoning that the "Socratic method" is peculiarly valuable.

SOCRATES achieved more success as the assailant of error than as the propounder of new truths, and his method is nowhere more efficacious than in showing a dogmatic and self-satisfied person the littleness of what he knows and the vastness of what is unknown to him. Criticism is always easier than creation, and demolition than construc-

tion; yet it is no slight gain to rid our minds of misconception, to clarify our ideas, to be sure that we know what we think we know, and to harbour the least possible amount of positive error. There is hardly any fault more pernicious in youth than the ready acceptance as ultimate truth of crude ideas and half-knowledge. It shuts the mind against new light, cramps mental development, and tends to the production of that most objectionable person, the "prig." The "Socratic method," in skilful hands, is likely to prevent the student from hugging the delusion that two or three years spent in the wards of a hospital can teach him all that is to be known upon health and disease, and to start him in practice with the determination to be always ready to observe, weigh, and consider, to guard against hasty conclusions, and to subject every judgment and conviction to such reconsideration as new facts, constantly evolved, seem to demand.

WHATEVER views the Government may hold as to the advisability of vesting in the County Councils the appointment of medical officers of health, there is no question that those engaged in the Public Health Service recognise this course as necessary for the efficient performance of their duties. On Friday of last week the subject was discussed at a largely attended meeting of the Society of Medical Officers of Health, and not a single voice was raised in opposition to Sir LYON PLAYFAIR'S observations in the House of Commons. The Society may safely be assumed to express the opinions of the great body of these health officers, for it now consists not only of the Association which has always held its meetings in London, but also of the North-Western, the Yorkshire, and the Birmingham and Midland Associations, and these branches of the parent Society were well represented at the meeting to which we refer. Two resolutions were unanimously adopted, the one in favour of all medical officers of health holding their appointments under the County Councils, and not as proposed in the Bill; the other indicating the need for County Councils to be guided by skilled advice, and the necessity for the consolidation of areas for public health administrative purposes.

Mr. E. STANHOPE, who replied in the House of Commons on behalf of the Government to objections which had been raised to the Bill as it has been drawn, himself unwittingly supplied abundant reason for the change we believe to be necessary. Speaking of the urban districts, he pointed out that "many of them were exceedingly small, and if anybody looked into the history of the matter, he would find that in many cases they were so formed not merely because they wanted to exercise urban powers, or because they partook of an urban character, but simply in order to escape the rate which would be imposed on them by highway boards. He found that in 1881 there were less than twenty-two urban districts with a population of less than 1000, and four or five times that number with a population of less than 2000." We quote Mr. STANHOPE because his statement is the best answer to the argument which he subsequently used in reply to Sir LYON PLAYFAIR. We have in England and Wales some 160 districts, each of which has a population which is not greater than is to be found in many a London street, yet able to demand a separate sanitary administration, not because it wants one, but because it is desirous of escaping from a highway rate! When Mr. STANHOPE proceeds to argue that if the County Councils were empowered to appoint to District Councils skilled advisers a thousand existing medical officers would be left "unprovided for," we are led to believe that he has entirely forgotten the extent to which these officers are dependent for income upon the authorities which govern these districts. As a matter of fact, the County Councils are, as provided in the Bill, empowered to combine districts for sanitary purposes; and if this power were exercised as it should be, it would necessarily lead to the supercession of many of those who now hold public health appointments. The acceptance of no new principle is therefore asked for; all that is sought is the general adoption of combination of districts, which has already produced highly satisfactory results. Nor is there greater foundation for his objection that the result of the change we urge would be to start the County Councils with an enormous expenditure, while many medical officers who had learnt their duties and discharged them with great efficiency and industry would be deprived of their posts. The officers who would be superseded would not, we believe, regret the loss of the trifling and inadequate remuneration they receive, if their duties were to devolve on successors not themselves engaged in the private practice of their profession. This is continuously becoming more obvious. Mr. RITCHIE recently announced his intention of bringing in a Bill to secure the notification to the sanitary authority of cases of infectious disease. It deserves to be considered how far it is possible for this law to be properly enforced if the officer for whose use the notification is to be made is himself one of a number of practitioners engaged in the ordinary practice of medicine. It is desirable for many reasons, both professional and public, that his position should be one of complete independence, and this can only be attained if he be appointed to a number of districts which shall render his engagement in private practice unnecessary. The amount of compensation which would be required for those practitioners who would cease to be health officers would be trifling in relation to the gain which would be effected. A correspondent of *The Times*, whose letter appears in Monday's issue, speaks of this as probably not extending beyond the payment of a year's salary. We believe he is rightly informed on this point, for the rule has hitherto been to appoint medical officers of health year by year, and, in fact, by this method to deprive them of any proper certainty of the tenure of their office.

We may before concluding refer to one other objection of Mr. STANHOPE. He believed, he said, that a medical officer appointed by a board would have in many cases more influence than any person chosen at headquarters. Mr. STANHOPE'S views are evidently not in entire accord with the general opinion as to the circumstances in which a prophet is held in honour, but we may remind him that, while the appointment of a highly trained health officer by County Councils would secure for him that relation with the representatives of the ratepayers which it is desirous should be maintained, the weight which will attach to his advice would certainly not be less than to that of a medical man who may be a competent physician,

but who is without the special experience necessary for the guidance of a public body in its sanitary duties.

We may trust that Mr. STANHOPE'S speech in the House of Commons is not to be regarded in the light of a final decision by the Government on the subject under discussion. The Society of Medical Officers of Health and a subcommittee of the Parliamentary Bills Committee of the British Medical Association propose, we understand, to confer in the first instance with Mr. STANSFELD, who was mainly responsible for the Public Health Act, and then to approach the President of the Local Government Board for the purpose of laying their views before him. Mr. RITCHIE is too practical a statesman to lose this opportunity of making the measure with which his name is identified as useful to the country as possible, and it may be hoped that he will see his way to incorporate in his Bill the amendment which is required to create a really effective public health administration.

THE oddly-sounding name "acromegaly," for which we are indebted to MARIE, designates a morbid process the nature of which is ill understood, but which is evidently something widely different from myxœdema and osteitis deformans. In THE LANCET of last week will be found full abstracts of some cases of this newly recognised disease reported by Mr. R. J. GODLEE, Dr. H. HADDEN, Mr. BALLANCE, and Dr. WILKS. The leading feature of the affection is a hypertrophy of tissue of more or less definite distribution—a sort of "sprouting" of the hands, feet, and face. Around this central characteristic many outlying and somewhat isolated symptoms abound; but the relationship which the various phenomena bear to one another is at present a mystery. We propose to examine a little in detail the nature of the overgrowth, and the kind of subordinate symptoms.

The hypertrophy involves the hard and soft tissues of the hands, feet, and face, but perhaps in most cases the overgrowth is greatest in the bones. In singular contrast to the enormous enlargement of these peripheral parts, the forearms, arms, and legs preserve their normal size, or only increase in bulk to a slight extent, as in cases described by FRIEDREICH. The lower part of the face undergoes most enlargement, so that the outline of the face has an ovoid shape, with the widest part downwards, and the greatest vertical diameter considerably elongated. In osteitis deformans the bony overgrowth of the skull is generally most evident in the temples and forehead, thus reversing the shape of the facial contour of acromegaly. Of the nature of the hyperplasia of the soft tissues and bones we require further knowledge; but so far it appears that the increase in the number of histological elements is not accompanied by marked perversion of the nutrition. In Mr. GODLEE'S case the skin is described as coarse, and the sebaceous glands of the face enlarged. The fatty tissues of the hand appear to be overgrown, but nothing in the nature of an excess of mucus is mentioned in this structure.

In addition to the most important enlargements, there are other deformities of such constant association as to merit decided attention in any attempt to grasp the true nature of acromegaly: the curving forwards of the spinal column; the increase in the size of the clavicles, ribs, patellæ, and iliac bones, with the remarkable exemption of the long bones from the hypertrophy; the tendency to augmentation of the fibro-cartilages of the ear, nose, and larynx; slight deformity of the joints; wasting of muscles; deafness and blindness; macroglossia; preservation of general sensibility; spontaneous pains; a proclivity to varicose veins and hæmorrhoids; polydypsia, polyuria, and a cachexia of indefinite character. The skin, as a rule, is described as absolutely unchanged, but we have already referred to Mr. GODLEE'S case to show that at times this may take on characters suggestive of interference with its nutrition. Nevertheless, in that case, as in all the reported instances, the thyroid body was much diseased. In Dr. HADDEN'S and Mr. BALLANCE'S case the thyroid was atrophied, and yet the definite signs of myxœdema, as in all the reported cases of acromegaly, were wanting. The circumscribed blushes of the cheeks were absent in Dr. HADDEN'S case, but is there not a tendency to over-estimate the importance of this flushing of the face in myxœdema? Acromegaly affects both males and females between the ages of fifteen and sixty. Disappearance of the menses seems to be a fairly constant symptom, but may have no etiological significance when we reflect how frequently other diseases are accompanied by amenorrhœa. The disturbed menstruation, generally of menorrhagic sort, is a feature of the previous history of marked cases of myxœdema. The absence of pallor or translucency in acromegaly contrasts somewhat with myxœdema, but in both maladies fulness of the eyelids and their neighbourhood may be observed. Slowness of movement or speech is a symptom of myxœdema and paralysis agitans, but does not seem to obtain in acromegaly. The long bones suffer in osteitis deformans, but not in acromegaly. Blindness has been observed in a certain number of cases, and this has been attributed, probably with accuracy, to the overgrowth of the pituitary body exerting pressure on the optic chiasm and tracts. The loss of vision in several cases was attributed to opacity of the cornea.

Whilst recognising the great differences between osteitis deformans, leontiasis ossea of VIRCHOW, myxœdema, and acromegaly, it is impossible not to be struck with some similarities or points of contact between these so variously named affections. To our mind the connexion between this remarkable acromegaly and the abnormal state of the thyroid observed in almost all of the cases is one fraught with significance. It cannot but be that the trophic agency of the nervous system is in some way or other concerned in the pathogeny of the disease. The tendency of malignant tumours of the thyroid to recur in bone—a fact emphasised by Mr. GODLEE—must also be borne in mind. The experiments of FILEHNE on the influence of the medulla on the thyroid body should be considered, as also the changes in the cortex of the brain following extirpation of the thyroid. But many more, and more definitely ascertained, facts will be required before the pathogeny of these morbid processes can be considered to be even on the threshold of a satisfactory explanation.

THE lengthy special report we have published on sweating among tailors at Manchester and Liverpool fully demonstrates that the dangers of the system are not limited to the metropolis. The inquiry, therefore, instituted by the House of Lords should also embrace the great pro-

vincial centres. Our Commissioner has further found that in the other branches of the tailoring trade there are sanitary grievances as urgent as those which have so often been denounced with regard to sweating. So far as public health is concerned, sweaters' workshops are only inferior to those of some among the first-class tailors, in so much as the workpeople barely earn starvation wages. The surroundings are often equally unwholesome, but those who work for the sweater are paid so little that they cannot obtain enough wholesome food, and consequently are more liable to contract disease. Indeed, the state of affairs is so appalling that worse results would have accrued but for the fact that the greater part of the victims belong to the Jewish race, and are therefore an exceptionally abstemious and healthy people; they are better able to resist these insalubrious influences. It is, however, scarcely necessary to insist on the evils of the sweating system. They are now notorious, and it is more to the point to make some practical suggestions for suitable remedies.

On all sides it is recognised that some of the worst features of the sweating trade have grown up under the protection of the 69th clause of the Factory Act. This exempts private rooms from the action of the law; while it is precisely because work is done in private rooms, notably in bedrooms, that the law should be enforced in such places, and this, too, with more than usual rigour. If a certain amount of light, space, and ventilation is necessary in a workshop, this is still more necessary in a bedroom which is used for work purposes. We conclude, therefore, that the 69th clause should be abrogated, and the factory inspectors empowered to enter bedrooms and every other part of private dwellings which they have reason to believe are used as workshops. It should be recognised that a private house ceases to be a private house if goods are manufactured therein for the general public. Our Commissioner found that the more respectable tailors who worked at home would welcome a system of registration and inspection of their private dwellings. To carry this out with any degree of efficiency, it would be necessary to largely augment the staff of inspectors, to extend the hours of inspection, and to adopt means of detection similar to those employed for common law offences.

Should the House of Lords' inquiry result in the application of suggestions such as these, there is not the slightest doubt that the rigorous enforcement in private dwellings of the Sanitary Act and the Factory Act would compel many sweaters to abandon their present premises. There are also many home workers who could no longer be allowed to make clothes in their present filthy tenements, and not a few of the higher class tailors or order shops would also be obliged to find better accommodation for their workpeople. Thus might arise, in all sections of the tailoring trade, a great demand for properly constructed workshops. At first it would undoubtedly be difficult to find a sufficient supply of likely buildings, and this very difficulty would unfailingly be made an excuse for either avoiding or delaying the application of the law. The reform, to be complete, should not only compel the abandonment of the existing insalubrious workshops and private rooms used as such, but should simultaneously provide facilities for obtaining quarters where clothes can be made without compromising the health of either those who make or those who wear them. The tailors themselves, especially the sweaters, are for the most part too poor to build workshops; and, to give proper light, ventilation, and sanitary accommodation, such workshops should be built expressly for the trade. This, however, could easily be done by any responsible public body—a vestry or a municipality. It has already been achieved with respect to markets for fish, meat, poultry, vegetables, &c. The trade in these provisions is under constant sanitary supervision. A block of buildings might be constructed especially for tailors' workshops; and just as the meat or poultry dealer rents from the municipality his stall in the public market, so would a tailor or a sweater hire a workshop. A careful housewife will not buy vegetables &c. from a street costermonger, because she does not know where these provisions have been stored overnight, but will go in preference to the municipal market, where there are proper cellars for keeping perishable goods, and better sanitary supervision. So with respect to tailors, the preference would be given to those who rented a municipal workshop, as they would be under the strictest control, and have the best accommodation. To apply the law in such a manner as to put an end to the abominations actually existing in the tailoring trade would doubtless cause a certain increase in public expenditure; but municipal workshops such as we have suggested, if properly managed, might be a source of increased public income. The remedy might thus defray the cost of dealing with the evil, and, considering how often it has been proved that disease is spread by infected clothes, there are as good reasons for placing the building and renting of tailors' workshops in the hand of the municipalities as have been adduced in favour of public slaughterhouses and markets. It is no use hounding the sweater out of his abode unless some facilities are given him for obtaining better premises elsewhere. The exorbitant rents paid for these sweaters' workshops would more than cover the charge a municipality need make for hire of rooms fitted with every requirement. In this matter public health would be effectively protected and some of the economical difficulties of the case overcome.

Annotations.

"Ne quid nimis."

PROFESSOR TAIT ON THE SCOTTISH UNIVERSITIES BILL.

AT the recent graduation ceremonial in Arts in the University of Edinburgh Professor Tait addressed the graduates. He took for his subject the Bill of the Government for the better Administration and Endowment of the Universities of Scotland. The Professor protested, from the Senatus and Professors' standpoint, against the Bill. He pointed out what seem to be obvious defects in drafting, and raised other questions—as, for example, the danger of absorbing the funds of the University over the Botanic Gardens, if the care of them is transferred, as is proposed by the Bill, to the University Court. On the whole, however, Professor Tait protests too much, and displays a strong bias in favour of the existing state of things, which, though very admirable in many ways, is capable of great improvement. He defended the present system, which places the whole financial administration in

the hands of the Senatus—the body of professors. Surely it is no disparagement to professors to say that they can be better employed than in administering funds. Nor is it making the defence much more satisfactory to say that the Senatus administers under the supervision of the Court, for it is admitted that this supervision is more nominal than real. More disappointing than any other part of the Professor's defence, perhaps, is that in which he conjures up the most dreadful results from giving power to the University Commissioners to require an entrance or matriculation examination. The more ignorant the men are on arriving in his class the better for his purpose, and all outside teaching is of doubtful value. "Science teaching" in schools, especially, incurred the Professor's scorn, and was wholly and necessarily evil. He maintained that to erect an examination to block the way of any Scot into the Universities was to take away one of his most precious birthrights. For those who were entering on study with a view to a degree an examination might be proper; but for others it might do incalculable mischief by keeping out men who could not take degrees, who were hopelessly incapable of mastering either elementary mathematics or "the trivial pedantries of grammar," and yet who might have "exceptionally high qualification for the study of experimental sciences." We do not wish to underrate the value of Professor Tait's opinions on this subject, nor to overrate his bias in favour of an arrangement which admits men freely to his and others' classes—not without money indeed, but without any preliminary test of knowledge. The birthright theory would require the abolition of fees as well as of examinations, or, at least, a better use and distribution of fees. But it can scarcely be against the interest of Scotland or her favoured sons that they should be required to give reasonable proof of fitness for University teaching. Without this, the Universities are merely big schools, waste their powers, and fail in their highest uses.

THE NATIONAL PENSION FUND FOR NURSES.

IT has been our unwelcome duty, while passing in review the scheme recently put forward for a nurse's pension fund, to find fault with it on many grounds—on the ground of the rates proposed to be charged, of the regulations to be imposed on members, and of the offensively charitable character which its benefits are made to wear. The actuary who claims responsibility for the scheme under discussion has published his reply in a morning paper, and, passing by the most serious of our strictures, he addresses himself to the answering of one only, and that the least of all—though itself sufficiently serious, for that matter. That he should find it easier to evade rather than to deal with them will not surprise our readers, for we have referred only to striking faults in the prospectus; but it is very strange that he should have stooped to the use of so feeble an argument as he has had recourse to. We said in our first article that the great insurance companies are accustomed to do business of exactly the same kind as the deferred annuities (pensions) for which the first table in the prospectus makes provision; and, quoting a rate from the prospectus of one of these companies, we showed that it was much less than that given in the Pension Fund prospectus, upon which accordingly we commented as being in excess, and greatly in excess, of the price asked for the same guaranteed benefit in the "open market." The actuary replies that his rates are below those "charged by Government through the Post Office." As if that even bore upon the point raised. We base our comment upon the lower price asked by the insurance companies which compete for insurance business, and do it on an enormous scale. And he replies that we have done him an injustice, because a Government department, which does not compete, and which transacts insurance business on a scale inconsiderably small, charges even more than he proposes to charge for its deferred annuity benefits. So far is the Post Office Department from representing the open market in this matter, that in his last report the Postmaster-General returned the new business of this class last year as 87 annuities, amounting to £1772, and the total business on his books as comprising 857 annuities of this description. We are very reluctant to make any distinction between one life insurance company and another, or even to seem to give prominence to one or some by naming them, but as our critic, who can hardly be in any doubt as to the source from which our exemplary rate was quoted, has referred to the Government scale of premiums, we will give three quotations which happen to be at hand at the moment of writing. It will be understood that in every case we have drawn from the published prospectus of the company named, because the prospectus happens to lie at hand as we write, and to contain a table from which the required annual premium can be computed. Any other company would, so far as we know, offer equally advantageous terms. The benefit is in a deferred annuity of £15 per annum, to be granted to an entrant in the twenty-fifth year of age and enjoyed after the attainment of sixty y ..s. The annual premium, as tabulated, is as follows:—Gresham, £2 0*s.* 2*d.*; Star, £2 6*s.* 8*d.*; Kent, £1 17*s.* 9*d.*; Nurses' Pension Fund, £2 10*s.* Will the actuary venture to call these figures in question or to publish a further correction? But he has another point: "The annuities offered by the National Pension Fund are minimum benefits certain to be increased." True, but he does not inform his readers that we, too, said so in the article of which he complains, and made it the gravamen of our complaint that he was understating the benefit which his scheme might fairly be expected to produce, instead of giving all the information in his power by pledging himself to the utmost that reasonable caution would permit.

THE WIESBADEN CONGRESS ON ALCOHOLISM.

ON the 9th inst. the seventh Congress of German Physicians, reinforced by investigators and special practitioners from all parts of the empire, met at Wiesbaden, under the presidency of Prof. Leube of Würzburg. In an eloquent opening address, Dr. Leube touched on the loss sustained by all Germans in the death of the Kaiser Wilhelm—a loss lightened by the reflection that in his successor every German interest, including that of the healing art, especially in its department of State Medicine, would find an intelligent and cordial promoter. Reviewing the cause of medicine during the last decennium, Dr. Leube showed that most satisfactory progress had been achieved—mainly in etiology and diagnosis. The proceedings then began with papers by Dr. Oertel of Munich, and Dr. Lichtheim of Bern, on the "Chronic Affections of the Cardiac Muscles and their Dietico-mechanical Treatment." An able discussion followed, which, in the official report, will give enhanced interest to the conclusions of Drs. Oertel and Lichtheim, both of whom replied to their critics. The feature of the Congress, however, was the paper by Dr. Binz of Bonn, and the debate that ensued, on "Alcohol as a Remedial Agent." Having shown the alternating affirmative and negative views held in recent years on the efficacy of this agent, Dr. Binz maintained that the preponderance of English authority was in favour of the former, and that this view was being reinforced by German original investigators, who, like Zunz, had with much cogency advocated the non-heating and distinctly efficacious virtues of alcohol. Dr. Binz set himself to prove—(1) that alcohol has a value, not represented by any other agent, in heart failure and lung disease; (2) that it is a *Sparmittel* (economic factor) in the organism,

because it is consumed therein; and (3) that it operates as a controller of pyrexia and fever. On the sick-bed its virtues are invaluable; but in the healthy subject it is difficult to define where its abuse is not felt. For the man in good health needs no stimulation; no artificial economiser of energy, or replacer of albumen; no depressant of temperature. All that can be proved in favour of alcohol in such a case is its power of renewing cerebral energy when lowered by mental work. Even here moderation in well-watered alcohol is imperative. Dr. Binz further contended that alcohol consumption between meals, especially in the form of beer, is a great and, in Germany, a national evil, practised as it is in the stuffy atmosphere of cellars and that, too, for hours. Not only do the [secondary products of beer exhaust the system and induce an adipose habit, but the habitual beer-drinker is as much an alcoholist as the drinker of drams, with this difference, that he has not the excuse of the latter in that moral wretchedness for which spirits are an immediate, though in the long run a fatal, remedy. Remembering all this, Dr. Binz concluded that there was a large, not to say an increasing, group of maladies—maladies in which idiosyncrasy was an important factor—where alcohol was imperative, and where no substitute for it could be found. In the discussion which followed, Dr. Binz was supported by Professor Jaksch of Graz, while Dr. Nothnagel of Vienna put in a special *caveat* against the exhibition of alcohol to children. The whole treatment of the question as officially reported will have much practical force not only for the physician but for the public hygienist and the legislator. Among the papers that followed, that of Dr. Cornet of Reichenhall on the "Diffusion of the Phthisis Bacillus" attracted most attention.

LEPROSY ON THE BALTIC.

LEPROSY having greatly increased of late in the Russian provinces on the Baltic, several works and papers on the subject have appeared, and last year a "society for combating leprosy" was founded in Dorpat, under the presidency of Professor Wahl, but otherwise composed almost entirely of lay members. Dr. Hellat of Dorpat has studied the history of the disease. The first known case in Livonia was that of the Bishop of Lund, Andreas Sunisson, who came to Livonia in 1222, and was there attacked. It is known, too, that leper asylums existed in Oesel and Reval before the middle of the thirteenth century. The writer thinks it probable that the disease was mainly introduced by the Germans, but that it soon began to disappear, as evidenced by the fact that the before-mentioned asylums were empty early in the fifteenth century. It is worthy of note that the translators of the Bible into Esthonian could find no popular word for leprosy, but made use of the expression *pidalitobi*, "hospital disease." Subsequently another word, *maalused*, came into popular use for both leprosy and generally for skin eruptions. At the present time the people call leprosy *paha haigus*, which is the word used for syphilis. In order to judge of the actual number of cases, Dr. Hellat has travelled through the Baltic provinces and collected all that he could hear of. His results show that the reports that were made to Government were most imperfect. In Livonia he found 276 cases, though the official statistics only reported 108. In Courland he found seventy-six cases, and in Esthonia twenty-six. The present epidemic is, he thinks, to be traced, not to the old cases in the thirteenth and fourteenth centuries, but to quite recent importation of new cases—usually soldiers—from southern parts of Russia. He mentions that Dr. Paulson of Holmhof, near Dubbeln, states that, though twenty-five years ago no leprosy existed in that locality, it was imported by an affected soldier about that time, and there are now 1·4 per cent. of the inhabitants who have the disease.

NAVY ESTIMATES.

THE amount in the Navy Estimates for 1888-9 under the head of Medical Establishments and Services is £137,130, being about £3000 less than in the preceding year. The difference does not arise from any reduction of establishment, but is "mainly due to utilisation of surplus stocks." The *personnel* of the department is to consist of 1 director-general, 4 inspectors-general, 12 deputy inspectors-general, 58 fleet surgeons, 81 staff surgeons, and 236 surgeons, making a total of 392 medical officers. The number of officers on the retired list is 22 inspectors-general, 70 deputy inspectors-general, 61 fleet surgeons, 57 staff surgeons, and 37 surgeons, whose retired pay amounts to £87,356. There are also three good service pensions of £100 a year each, and £616 for pensions for wounds to 1 deputy inspector-general, 4 fleet surgeons, and 2 surgeons; 1 fleet surgeon receives £150, and 1 surgeon £50 a year, for giving special instruction to the medical officers joining the service. We hope the value of this instruction may not be fairly estimated by the amount of the remuneration granted for it. A sum of £415 is taken for the expenses connected with the examination of candidates for admission into the service. In connexion with the nursing of the sick, provision is made for 3 head sisters and 15 sisters, amounting in all to £1932, and £50 to a surgeon for instructing boys training for sick-berth staff. There are 221 chief sick-berth stewards and 335 hospital servants, for whom a sum of £22,431 is taken. For the pensions of 223 widows of medical officers £14,254 are provided, and £3198 for compassionate allowances to children. We cannot trace any vote for special sanitary purposes, except £1560 for a sanatorium for seamen at Hong Kong and £420 as a contribution to the drainage works at Malta, but possibly some such may be included under the head of minor new works, additions, and alterations. Under the vote for works, buildings, and repairs at home and abroad, £19,440 are charged for hospitals and infirmaries. Of this sum £9670 are under the head of ordinary repairs and maintenance, £5710 for minor new works, additions, and alterations, £2500 for a new block of wards at Esquimalt, and £1560 for the sanatorium at Hong Kong, as already stated. There is the usual sum of £2100 taken for contributions in aid of lock hospitals.

TREATMENT OF PUERPERAL ECLAMPSIA.

IN a paper on the treatment of puerperal eclampsia, published in the *Prager Medicinische Wochenschrift*, Professor G. Veit, of Rostock, writes that, having had experience of more than sixty cases of this affection during a practice of thirty years, he was up to 1886 always in the habit of laying the utmost stress on the importance of inducing deep and prolonged narcosis as the main treatment, and when the paroxysms came on during labour he hastened the birth as much as possible without endangering the mother. In order to produce narcosis he was in the habit of combining subcutaneous injections of morphia with the inhalation of chloroform. The initial dose of morphia used was about half a grain, and this was followed by still larger doses. In one case he gave about three grains in the course of twenty-nine hours. Sometimes the respiration was affected and tracheal râles were heard. These large doses of morphia, however, he says, never exerted any ill effect on the child. The only cases in which this occurred were amongst those in which only small doses had been given. Up to 1886 he had paid but little attention to the state of the kidneys, except where the eclampsia occurred during the continuance of pregnancy—i.e., before labour had commenced. During that year, however, he had the misfortune to lose two cases of eclampsia parturientium. Since that time he has directed his treatment of eclampsia during and after labour to the kidney

affection mainly, giving hot baths and blanket packs, as used by Liebermeister and Breus. Wet-sheet packs, as recommended by Jaquet and Polster, he did not find so efficacious. He has also employed pilocarpine. Sometimes, too, narcosis is also required, and Professor Veit thinks that even in the worst and most dangerous cases the simultaneous employment of diaphoresis and narcosis should be able to bring the patient through.

RATIONAL DRESS.

IF persistence in advocating a rational reform in dress were sufficient to bring about a change so desirable, we may well believe that the efforts of medical men in this direction would long ago have been crowned with success. For many years the members of our profession have consistently exposed the ill effects of certain customs in the clothing of both sexes, which, having been introduced without regard to anatomical considerations, are still maintained in daily antagonism to physiological function. Fashion, perhaps, has yielded somewhat to repeated protests, but it still opposes a blind and passive inertia to the forces of reasonable change. In spite of much remonstrance, in spite of the teaching of chafed feet, crural abscesses, acquired flat-foot, and disease of the tarsal bones, the mischievous high heel is not yet obsolete. The corset—no longer, indeed, so commonly, as at one time, an instrument of torture and a cause of numerous malformations and of actual illness—still continues to deform and injure many weak members of the weaker sex. Nay, there are men, we understand, if that be their true description, who think it advisable to surround the seemly proportions with which nature endowed them with a girdle intended to improve the figure. Even the British workman is liable to err, though from a more practical and more manly motive, in a somewhat similar way. The leather belt with which he frequently braces his middle, and from which he fancies he derives a measure of support in his work, is hardly less objectionable than the corset in compressing the abdominal viscera and retarding the upward course of the venous circulation. Other prevalent habits of minor consequence, but also of injurious tendency, might be referred to, but our space will not now permit. We may, however, note with some satisfaction that there is among some members of the female sex—the chief offenders—an evident desire to abandon the civilised barbarisms in costume which we have ascribed to their sex, and to return to more natural modes. The practice of actual tight lacing, too, is now regarded by women generally with comparative disfavour. The common use of woollen under-clothing by both sexes is another change which marks an important stage in the advance of rational ideas, and we may fairly hope and expect that time and increasing experience will bring about yet more reforms in dress of the same salutary kind.

CHOLERA AND WATER IN INDIA.

RENEWED publicity has been given to a lecture delivered by Dr. M. C. Furnell, formerly sanitary commissioner, Madras, on the important influence which a polluted water service has upon the spread of epidemic cholera; and in view of the statements that emanate from India, and which so often imply that inscrutable mystery attaches to the causation of cholera in that country, it must be a satisfaction to find that there are skilled observers who see in an excrementally tainted water as potent a source of cholera diffusion in India as can be found in Europe generally or in this country. Medical officers in India have more than once hinted that the confusion existing in the minds of many as to the cause of such diseases as cholera and "fever" in that country is largely due to the fact that reports on these diseases have to be framed so as to suit those in authority; and Dr. Furnell, in referring to the fact that cholera is so often set down to what some are pleased to call "local influence," says that although this term is unintelligible, it is at present in India "by authority" the only "true faith, and woe to the sanitary commissioner or medical officer who publishes his belief in any other cause but 'local influence.'"

THE ABERDEEN TOWN COUNCIL.

THE circumstances under which application has been made by one of the candidates for the health officership of Aberdeen for repayment of his expenses deserve to be known, for they appear to reflect in no very favourable manner upon the sense of justice of the Aberdeen Town Council, who refused to entertain the request. This Council advertised for a medical officer of health, who was, they stated in the advertisement, to devote his whole time to certain specified duties. But they elected to this office a gentleman having another appointment, and who is to be permitted to retain it. Candidates, therefore, who had gone to Aberdeen to seek election were at a disadvantage, for the Town Council placed them in competition with others whom, we are informed, the advertisement would have rendered ineligible if its terms had been adhered to. One of the unsuccessful candidates under these circumstances asked that his expenses might be repaid to him, a request which seems highly reasonable. But the Town Council have considered only their legal liabilities. If they are right in law, which we very much doubt, they are not to be complimented in avoiding the payment of a reasonable claim because they could not be compelled to pay it. There are, indeed, debts beyond those that are legal. Debts of honour are, to say the least, not less obligatory than those which can be recovered by law.

INFANT MORTALITY IN LONDON.

THE Registrar-General's "Annual Summary for London and other Great Towns" for 1887 shows that the rate of infant mortality in London during that year was equal to 158 per 1000 of the registered births, while the rate in the aggregate of the twenty-seven large provincial towns was 176 per 1000. It further appears that the rate in these provincial towns ranged upwards from 142 in Derby and 143 in Portsmouth, to 201 in Blackburn, 209 in Leicester, and 214 in Preston. While, therefore, the rate in London was considerably below the mean rate in the provincial towns, it exceeded the rate in several of those towns; indeed, the rate in seven of the towns was lower than that in London. It appears from a table in the Annual Summary that the rate of infant mortality in Registration London averaged 156 per 1000 in the twenty years 1841-60, and rose to 160 per 1000 in the following twenty years, 1861-80. It is satisfactory to find that in the first seven years of the current decennium the mean rate has fallen to 152, although in the two most recent years, 1886 and 1887, the rate was 159 and 158. It is certain, however, that the decline in the rate of infant mortality in recent years has not kept pace with the decline in the death-rate at all ages, and the subject calls for more attention than it generally receives. It may be useful to notice how the proportion of deaths under one year to registered births varied in different parts of London during last year. In the five large groups of registration districts the rate ranged from 151 in the north, 152 in the south, and 159 in the west, to 172 in the east and 175 in the central. The range of rates in the various metropolitan sanitary districts was far wider. The lowest rates were 107 in Hampstead, 110 in Plumstead, and 126 in Lewisham and Paddington; the highest, 190 in St. George, Southwark, 199 in St. Saviour, Southwark, 202 in the Strand, 215 in Stepney, 225 in St. Martin-in-the-Fields, 228 in Holborn, and 270 in St. Olave, Southwark. It should,

moreover, be noted that the same sanitary districts also showed the greatest excess of infant mortality in 1886. This excess of infant mortality is fully as much a social as a sanitary question, as it is invariably found among the most poverty-stricken sections of the population, which is housed in the most neglected and insanitary dwellings. As throwing some light upon the most effectual method of dealing with this terrible and far-reaching evil, the rate of infant mortality prevailing in the Peabody Improved Dwellings may be referred to. These dwellings have contained during the last five years a mean population of nearly 20,000 persons, residing to a large extent in the midst of districts in which very excessive rates of infant mortality prevail, and consisting for the most part of the poorer of the weekly wage-earning class; and yet the mean rate of infant mortality among this population did not exceed 145 per 1000, and was 8 below the general rate in the whole of London. It must be admitted that this rate of infant mortality far exceeds what it should and might be, but when compared with the rate that prevails among a similar class of the population living in insanitary and neglected dwellings, the contrast is so marked as to supply the most urgent plea for more rapid improvement of the dwellings of the poor in such districts as Southwark, Stepney, Holborn, Strand, and St. Martin-in-the-Fields.

EXECUTION BY ELECTRICITY.

THE authorities of New York have come to the decision that henceforth all criminals sent to death for capital offences in their State shall be killed by the electric shock. The practice, once determined on by one State, is sure to be followed by other States; and, if the first experiments be considered successful, we may soon expect to see the plan widely, if not universally, extended. The idea which is at the bottom of this change is due, first to the prevailing belief that everything that is now to be done with regard to must be done by means of electricity; and, secondly, that death by electricity is absolutely painless. That the electric shock can be applied to man in such a manner as to destroy life instantly and painlessly is beyond dispute. The shock can be applied at such tension as to rupture the veins, and even the right side of the heart. But in order to apply it with absolute precision it must be used in the most certain way, since it may seem to cause the death and yet may not kill. One of the most striking examples of catalepsy in our time was caused by a lightning stroke, which is the same as the shock; and the subject of the shock was so thoroughly mistaken for one dead that he was laid out for dead, and heard the sound of his own passing-bell; yet he recovered, and lived many years afterwards to recount the strange experience. In experiments on the lower animals, it has also been observed that a shock sufficient to produce such complete prostration as seemed fatal was not so. The greatest care, therefore, must be taken, if the electric shock be used for destroying the lives of criminals, that the criminals be not buried alive after an assumed death. In the further consideration of this question the policy of the proceeding as well as the humanity of it requires to be taken into account. If the execution of criminals is to be maintained it must carry with it some degree of terror. If it does not, then, even in the eyes of those who are in favour of it, it will be looked upon as a solemn and cruel farce. It would be so, nothing more, nothing less. The argument for the Act is that "it is a terror to evildoers"; but, as we once before pointed out, if the dread of suffering is to be taken away, if the transit from life to death is to be made more easy than the common modes by disease, then in some cases an actual premium will be put upon crime. In plain words, if the death penalty be right there is nothing whatever in the present system that is one whit too severe. Since the days of Cæsalpinus it has been known that death by strangulation is not an excruciating process. Cæsalpinus, with his natural keenness of inquiry after truth, discovered that in cases of suspension by the halter up to absolute insensibility and unconsciousness, but, short of death, there is no actual acute pain. The sensations described by those who had undergone the ordeal were of stupor as the neck became constricted, after which nothing was felt. The same fact has been recorded by other skilled observers, and may be accepted as sound physiological knowledge. Why, then, should the present plan be interfered with? Why should the gallows be made to lose its indefinable terrors? A new mode of executing will be sure to bring a new sentiment in respect to execution, and perhaps in respect to the executed. "The man was *electrified* for the murder." Will that do? At a moment when the question of the judicial act is itself in the balance, is it good policy to open a new era in the method of carrying into effect a tragedy for which our successors are sure to stamp us as barbarous, and against which many of the wisest and most cultivated of our time are raising an emphatic protest whenever the opportunity occurs?

THE PARKES MUSEUM.

THE Thursday's lecture on April 19th, on "Public Health in India," was delivered by the Hon. Mr. Justice Cunningham, who spoke as the representative of an Association which has for some years past made the public health in India its especial care. Sir Joseph Fayrer occupied the chair, and among the audience were Dr. George Buchanan, Sir Charles Bernard, Dr. Payn of Calcutta, Mr. Bennoch, and many others who are identified with the interests of our great Eastern dependency. The lecturer stated that the annual death-roll in India was probably nearer seven or eight millions than five, which was the official return for the year 1885. The following statement shows how largely the death-rate is contributed to by diseases which we here recognise as preventable:—

Total Deaths in 1885.

Cholera	385,928	Bowel complaints...	293,638
Small-pox	80,630	Injuries	83,262
Fevers	3,396,239	Other causes	937,903
Total	5,177,600.		

In the face of figures like the above there can be no necessity to tell the readers of THE LANCET that we have a great *duty* to perform in India, and we can only trust that Mr. Justice Cunningham may succeed in stirring public opinion to the point of action. Is it in any degree due to our neglect that Europe is periodically visited by cholera? That is a question which the British nation as the pioneers of sanitation ought to take to heart. One speaker who took part in the debate stated that pure water to drink is the main necessity; and we should hope that a rigorous Act for the prevention of the pollution of rivers and the pollution of tanks would do much for the amelioration of the public health. Sanitation in the tropics requires very different arrangements from those which may answer fairly well here; and the lesson taught is that by the hasty use of irrigation malaria has been generated and the amount of fever in some districts increased. Before we embark on a wholesale expenditure of money we ought to be very sure of our ground. We have nearly always a "loose end" to our sanitary matters in this country, and such a loose end might be fraught with no little danger in the tropics. If we reduced the Hoogley, bad as it is, to the condition of the Thames at Barking, we might live to regret it. The final lecture of the season will be given on Thursday, May 3rd, at 5 P.M., by Professor Hayter Lewis, F.S.A., who takes for his subject "Ancient and Mediæval Towns." On

Saturday, May 5th, H.R.H. the Duchess of Albany will deliver certificates to those ladies who passed a successful examination after attending Dr. Schofield's course of lectures on Domestic Sanitation.

PUBLIC HEALTH IN NEW JERSEY.

IN submitting the eleventh annual report of the Board of Health of the State of New Jersey, U.S.A., Dr. E. M. Hunt, the secretary, gives some interesting information as to the progress which is being made in our knowledge of matters calculated to affect health. Throughout, the need for cleanliness is held in view; but at the same time Dr. Hunt points out that, in advocating the prevention of filth and of all insanitary conditions, no physician or sanitarian has ever formulated the view that by the mere removal of dirt all causes of preventable disease are gone. He enforces the dictum of Dr. William Farr, that as a preliminary to health all populations must be placed under sanitary conditions, and that apart from this preliminary other measures will be futile; but, as regards some diseases, further action—such as isolation, disinfection, sanitation, &c.—is needed, and he enters into some details as to how these measures may best be carried out. The main body of the volume contains a number of interesting and valuable reports. Thus the question of the diseases of operatives, dealt with in former reports, is again taken up; the workers in potteries being especially considered. An article on Air, Water, and Food, by the secretary, also deals somewhat exhaustively with the important question of school-room ventilation, as to which it is stated that increased interest is being taken, as one which must largely affect the health of the people and the welfare of the State.

METEOROLOGY.

THE annual report of the Meteorological Council of the Royal Society contains a mass of interesting matter respecting what must still be accounted the very obscure science of which it treats. Notwithstanding that the "face of the sky" has been an object of observation from the earliest times, the utmost that electric telegraphy and State-supported organisation can effect to-day is to produce a tolerable forecast of the weather for twenty-four hours in advance. The success of these forecasts, as estimated by the Meteorological Office, is represented by about 50 per cent. completely successful, 30 per cent. partially successful, and 20 per cent. more or less complete failures. This does not seem a very great result, and it falls very far short of what the medical practitioner would like to have. It would, for example, be of incalculable advantage to him if, in advising a convalescent patient where to seek health, or an invalid whither to fly from the tyranny of the east wind, he could tell with a fair approach to certainty for any given district what would be the ruling temperature, from what quarter the prevailing wind might be expected, and how many hours of bright sunshine would be registered for a month in advance. Of any such forecast there is, however, no present prospect, for it does not appear that our meteorologists are making any appreciable advance with their methods or results. Ten years ago they were able, as now, to speak of 80 per cent. of successes; and although in the interval their work has come to be much more widely known and appreciated, it does not seem to have in any way altered its character. But although the results achieved at Victoria-street leave very much to be desired, it must not be forgotten that they are of very great value in many ways. The protection, for instance, afforded to life and property by the system of storm warnings which are telegraphed all round the coast is a wholly inestimable boon. Thus the record of 1886, which appears in the report just issued, shows a total of 542 such warnings issued, of which 446 were justified by subsequent gales, and may be taken, therefore, to have been rewarded by a commensurate saving of mariners and shipping from serious, and in many cases fatal, peril. In eighty-six instances the weather proved better than its threats; and in ten the warnings, though issued, were, in some places, too late to be of service. Seven storms were observed for which no warnings at all had been issued, the omission being attributable in every case to some very exceptional trait in the behaviour of the storm which misled the observers. In this department at least, then, the meteorologists can show a splendid record. Second only in importance to the services thus rendered to the fishing and shipping interests are those which have been tendered to agriculturists, particularly in connexion with the hay harvest. From a number of centres throughout the United Kingdom forecasts have been published free of cost to farmers day by day; and have doubtless proved of the greatest value in enabling them to "make hay while the sun shines." Thus in a variety of ways important services have been rendered to the general community, and while it is quite permissible to wish that the scope of these services were enlarged by an extension of the faculty of meteorological prevision, it is at least due to General Strachey and his staff to acknowledge that they turn the very fugitive facts with which they deal to very excellent account.

ABDOMINAL PRESSURE IN HYSTERIA.

DR. A. M. DOKHMAN, in a note communicated to the *Russkaya Meditsina* on the arrest of hysterical paroxysms by pressure on the "ovary," points out that the treatment is by no means new, as blows on the abdomen used to be administered by means of iron instruments in the Semedarski epidemic, and were employed very largely by Goltz as early as 1727. He suggests that, although pressure is made over the region of the ovary, it does not appear that the ovary has much to do with the effect produced, for similar pressure is efficacious where no ovary exists—that is to say, in male patients. He is disposed to compare the effect to that produced by compression of the carotid artery, which will sometimes arrest a paroxysm, and he suggests that the sudden stimulation of the splanchnic nerves may produce an alteration in the vaso-motor relations, and in this way may cause the arrest of the paroxysm.

THE PREVENTION OF CRUELTY TO CHILDREN.

WE have repeatedly directed attention to cases in which young children have been the subjects of gross negligence, and even of systematic cruelty, on the part of unnatural parents or so-called guardians. The still too frequent, if rarely published, instances of baby farming, the wanton exposure of children in the streets during winter in order to excite charity, and innumerable cases of genuine hard usage which form the invariable accompaniment of drunkenness, all teach the need of a closer interest in the welfare of such helpless children on the part of persons more happily placed, who know their miseries only by report. It is evident, however, that this interest, if it is to be effective, must find its expression in some consistent course of action, the practical result of which will naturally bear some proportion to the number and earnestness of those engaged in the work and the influence at their command. While therefore we cannot and would not ignore the good which has been accomplished by independent philanthropic efforts, we are fully conscious of the purchase attained in dealing with the evils in question by the formation of a Society for the Prevention of Cruelty to Children. The ample functions exercised by this Society, it will be readily believed, are such as do not properly fall within the province of any one of the other charitable associations now in existence. Nor

can they be said to coincide with the more general supervision exercised by the police. In dealing with matters of this kind, indeed, the mere possession of an official character must be something of a drawback. The police, on their part, welcome the efforts of the Society as complementary of their own, an evidence in itself that the field of usefulness thus taken in hand has only been awaiting occupation. It is therefore satisfactory to learn that the vigour of the parent Society in London is attested by a tendency to development at other centres. A few weeks only have elapsed since a body of the citizens of Leeds inaugurated a similar organisation in that city. Their enterprise is as yet too young for anyone to predict its future, but what steps have been taken give promise of further energetic action. The Committee of Management have, after due deliberation, appointed an inquiry officer of experience, have jointly guaranteed his salary during the first six months of service, and, having thus launched the scheme, are endeavouring to secure for it the interest and assistance of their fellow-townsmen. We need not say more in favour of a project already so well commended by the certain necessity out of which it has arisen, and we feel justified in expecting that one effect of the present sure, if slow, revival of trade will be to stimulate the liberal-minded in furthering this deserving work.

THE THEATRES AND THE METROPOLITAN BOARD OF WORKS.

THE recent debate in the House of Commons, and the refusal of the House to enlarge the powers of the Metropolitan Board of Works with regard to the theatres, must be taken as an indication of the public opinion that the Metropolitan Board is a body in which implicit confidence is not to be placed. The public can hardly be blamed for thinking that the Board has not of late looked so zealously after the interests of the ratepayers as it is its duty to do, and there is not wanting evidence to show that, even without regard to the Local Government Bill, the days of the Board are numbered. The question will soon arise, "Who is to have the supervision of theatres and places of public assembly?" At present the Lord Chamberlain, the magistrates, and the Metropolitan Board of Works have each of them a voice in the control of these establishments, and we trust that, in the interests alike of the public and the managers, under the new Act these three masters may be replaced by one. It is very necessary that in the management of these establishments there should be no vexatious vacillation, and that managers should feel that capital invested in the business of public entertainments should not be jeopardised by fluctuating whims. If capital be safe and healthy competition be encouraged, there can be no doubt that the public will gain in the improvement of the arrangements made for their comfort and safety, and that free trade and the discouragement of monopolists will do more in this direction than any amount of harassing regulations. Seeing, however, that these places are, or should be, places of recreative education, it is very necessary that they should be subjected to at least as much control as the press, and that libel, licentiousness, and disorder should be vigorously repressed. It is time, we think, that the functions of the Lord Chamberlain and the Metropolitan Board should cease, and that these functions should all be merged in the functions of the forthcoming London Council, who should nominate a high official to deal with places of public entertainment, and frame regulations for the control of these places from the triple point of view of security, morality, and hygiene. The action of this official would of course be controlled by the Council, but we think that his powers should be great; and we have no fear but that the publicity which is given to all such matters by the press would be sufficient to cause him to perform his duties circumspectly, and with a well-balanced regard to the public welfare on the one hand and the vested interests of proprietors on the other. It is very necessary that questions of cubic space, solidity of construction, and means of exit should be regulated by hard-and-fast rules, but beyond this we advocate a maximum of freedom subject to good behaviour.

KINGSTON IMPROVEMENT BILL.

ON the 17th inst. the Kingston Improvement Bill came before the Select Committee of the House of Commons, which consisted of the following members:—Mr. Hastings (chairman), Sir Archibald Campbell, Dr. Farquharson, Mr. Hardcastle, Mr. Mayne, Mr. Powell, Mr. Sexton, Mr. J. L. Wharton, and Mr. Williams. Several details of the measure were discussed on the first day, and on the 18th inst. the clauses imposing on medical practitioners the compulsory notification of infectious diseases were considered. Drs. Biddle and Corbet, representing eighteen members of the profession residing within a mile and a half of the Kingston Town Hall, strongly opposed the notification clauses, but declared their willingness to certify. Dr. Shirtliff, medical officer of health for the borough of Kingston, gave evidence in favour of the clauses. At the conclusion of the evidence the chairman intimated that there was no necessity for Mr. Cripps, who appeared for the promoters of the Bill, to address the committee on the question of these clauses. He said that it was decided to retain the clauses in their original form, and that the committee believed that they were framed, and in a great number of cases in other places have acted, for the benefit of the whole community, the medical profession included.

THE WATER SUPPLY OF FOLKESTONE.

A STRONG feeling has been aroused in Folkestone owing to the very deficient water service available there, the immediate cause of discontent being the attitude of the Town Council in not opposing a Bill promoted by the Water Company. According to the statement of the chairman of a public meeting, the Water Company has, in a series of Bills, gradually deprived the ratepayers of their rights. When the first Bill was presented to Parliament, Folkestone had a right to a constant service; in the next Bill the supply was made an intermitting one, the service being limited to eight hours; and now, with a service which has dwindled to two hours, the Company want to extend their mains to an outlying place. We cordially endorse all that has been said as to the dangers of intermitting services, and we would add that the sanitary reputation of Folkestone, would receive an undue strain if it were to become evident that, in this important matter of an ample supply of wholesome water, the sanitary authority did not place the health interests of their town before all others. The statement of the chairman, that in such matters the ratepayers had the remedy in their own hands, is one that needs enforcing in the case of all elected bodies having sanitary control.

CLINICAL STUDY OF CHILDREN'S DISEASES.

As will be seen by an announcement in our advertising columns, arrangements have been made at the Hospital for Sick Children, Great Ormond-street, for the delivery during the summer session of clinical lectures and demonstrations on some of the more common diseases to which children are liable. No doubt a want is largely felt in the metropolis of means by which the study of the diseases of childhood may be promoted, and this attempt on the part of the lecturers and committee of the hospital appears well calculated to meet that want.

THE EMPEROR OF GERMANY.

THE following telegram from Charlottenburg was received at our office on Thursday evening, the 26th inst.: "Fever lower both night and morning; pus less, but still abundant. The Emperor feels better, but his strength is rather less than a week ago." The last few days have been marked by some improvement in the more urgent symptoms of his Majesty. There has been a considerable discharge of pus, and following this the fever has abated, and the general condition has improved to such an extent that his Majesty has been able to leave his bed for a few hours in the day. There is thus no doubt as to the cause of the high fever and other alarming symptoms which were prominent last week. Suppuration had occurred in the neck, and on the escape of the pus great relief was experienced. We may hope that there is now no reason to fear that pyæmia has set in. Of course, such an intercurrent illness as this, which is now passing off, leaves its mark upon a patient so ill as is the Emperor; and while we rejoice that the immediate danger has passed away, we cannot shut our eyes to the stealthy progress of the fell disease, nor to the prospect of some further complications arising at no distant date.

REPRESENTATION OF MEDICAL SCHOOLS IN FRANCE.

THE elections for the *Conseil Supérieur* of Public Instruction in France have again caused the question of decentralisation to come somewhat to the front. The Faculties of Medicine have the right to elect to two seats on the Council. The custom has been to elect one representative of the Paris Faculty and one who is chosen from the other Faculties in rotation as a representative of the provincial Faculties generally. The two names suggested by the metropolitan Faculty are those of M. Brouardel, its own dean, and M. Gaulard, Professor of Clinical Midwifery in Lille. This proposition does not appear at all desirable to some of the Lyons people, for, although it is not the turn of a Lyons professor to be nominated, it is felt that owing to the important change which is to take place early next year, when the Lyons Faculty of Medicine will pass from the hands of the municipality into that of the Government, great efforts should be made to secure the election of at least one member of the Council who either by birth or by appointment is a Lyonnais. The editor of *La Province Médicale*, having no wish to displace the Lille professor, suggests that it is quite time that the old arrangement by which Paris always had one of the two seats should be broken up. Paris ought not always to override the provincial Faculties, and ought to take its turn with them. It will always have many advantages over them, being sure to be represented on the Council by official members, whereas the provincial Faculties have little enough chance of making themselves heard, and are always getting snubbed. It is true that M. Brouardel, in his address to the Faculties, has promised to consider himself the representative and champion of the provincial Faculties as well as of that of his own school; but this must be regarded in the light of a mere electioneering manifesto, impossible to be acted up to if there is ever any conflict as to the ascendancy of Paris over all other Faculties. In such a question, for example, as that raised by the proposal to do away with the rule that all *concours* for *aggrégation* shall be held in Paris, M. Brouardel would be bound to espouse the cause of centralisation as opposed to the desires of all the provincial Faculties. Besides all this, it must be remembered that the eminent *doyen* is one of the busiest men in France, whom it is impossible to expect to be very active in looking into and furthering all the suggestions emanating from the numerous schools of medicine of various grades scattered over the country. The best plan, concludes the article quoted, will be for all Lyons voters to plump for one of their own professors —M. Ollier. This, at all events, will be a protest against the existing state of things, and may help to bring about a much-needed change in the direction of decentralisation.

THE SANITARY STATE OF AYLESBURY.

MR. SPEAR, representing the Local Government Board, has publicly conferred with the Local Board of Aylesbury as to the very serious sanitary state of their district. Diphtheria, he alleges, is steadily on the increase there; the rate of mortality from it in 1887 was equal to more than twenty times that of England and Wales as a whole; and not only so, but the disease has made a home for itself in the town. As to details of sanitary defects, Mr. Spear's description of blocked and leaky sewers, faulty house-drains, soakage into subsoil, nuisance from slaughterhouses, and other like matters, are all the more serious because they have already been largely pointed out to the sanitary authority after a previous Government inquiry into the causes of diphtheria, and yet nothing worthy of the name of proper action has been taken in order to provide a remedy. The most hopeful part of the proceedings lay in the heartiness with which Mr. Spear was thanked for his exposition of the sanitary evils he had met with, and the cordial manner in which it was admitted that his statement had evidently been made in the interests of the town. We hope the reproach of an inefficient sanitary administration in Aylesbury will be removed as speedily as possible, for we feel certain that the inhabitants cannot desire to live in constant contact with dangers that cause a mortality amongst their children, from one disease only, so enormously in excess of that which prevails elsewhere.

LEGAL DECISION ON BUILDING BYE-LAWS.

THE power of a sanitary authority to enforce a bye-law as to the closing of buildings or parts of buildings unfit for human habitation, and to prohibit their use for such habitation, was recently decided on an appeal from the justices of Wiltshire in favour of the Swindon New Town Local Board of Health. It was contended that the bye-law they had made went beyond the power conferred by the Public Health Act, 1875, inasmuch as it prohibited the occupation of houses which, in the opinion of the Board, are unfit for human habitation, whether they are so, in fact, or not; the Board thus constituting themselves a tribunal without appeal. The Court, however, held that the bye-law was valid. Speaking generally, we may observe that a bye-law dealing with this subject recognises the right of the person whose interests may be injuriously affected to be heard in defence of those interests, and that the sanitary authority can only initiate proceedings under the clause after certifying that a building has been represented to them as unfit for human habitation.

LARDACEOUS DEGENERATION OF THE STOMACH.

ALTHOUGH but little mention is made by works on pathological anatomy of lardaceous degeneration of the stomach, yet Edinger states that this lesion is frequent enough. The muscular fibres and the walls of the vessels are attacked, and Edinger observed a hyperplasia of the connective tissue of the mucosa. The epithelium of the gastric glands was not found to be degenerated. In one case there was an ulcer in the smaller curvature; in another the kidneys showed interstitial changes. In some of the cases the gastric juices were tested during life, and found not to contain hydrochloric acid, although pepsine was freely secreted. The chemical defects consisted chiefly in the proteids not being peptonised and the development of intense gastric fermentations.

THE LATE FRANCESCO MAGNI.

THIS distinguished ophthalmic surgeon and ornament of the University of Bologna, whose career was fully described in THE LANCET early last year, has just been honoured by a medallion placed by his colleagues and former pupils in the *atrium* of the clinical wards. On its being unveiled in the presence of a numerous assemblage, addresses were delivered in commemoration of its subject by Count Isolani, President of the Administration of the Hospitals, and by the Commendatore Petronio Costetti, successor of Magni in the ophthalmic chair. The medallion, skilfully executed by the sculptor, Cesare Monari, has the following inscription: "To Francesco Magni, Senator of the Kingdom, ophthalmic clinician, who contributed the authority of a name illustrious in science and in practice to the benefit of this hospital, which had been reorganised and enlarged to admit of clinical adjuncts to the professorships, the Administrative Council, in concert with his friends, have rendered this honour."

PRESENTATION TO THE PRINCESS CHRISTIAN.

ON Saturday last, at the Albert Institute, Windsor, a casket of jewels of the value of £600, and accompanied by a costly art album, containing an address and signatures of the 2000 subscribers, was presented by the Mayor of the borough to her Royal Highness from the residents of Windsor and its neighbourhood, as an indication of the respectful appreciation of the Princess's good work in the borough and its suburbs on behalf of the poor, and especially the establishment of a valuable system of nurses for the sick poor in their own homes, as well as free dinners to the children of the indigent classes.

INFECTIOUS HOSPITAL SITES.

THE Local Board of Horfield, near Bristol, find themselves opposed whenever they try to secure a site for an infectious hospital. Such institutions are never likely to be regarded as desirable neighbours, and hence in their case, as in the case of sewage farms and the like, it is not an uncommon practice to enter into an agreement without undue publicity to purchase land within a specified time, provided the site receives the sanction of the Local Government Board. Such an arrangement suffices to prevent any site being selected which is unsuitable, and it sufficiently safeguards the interests of adjoining owners.

THE BOARDING-OUT SYSTEM.

A CORRESPONDENT in the *Manchester Guardian* writes strongly in favour of the boarding-out system, on the double ground that it is much cheaper than either cottage homes or pauper schools, and that it is infinitely better for the children, facilitating their escape from pauperising conditions and traditions. We agree in this view, though some recent cases have shown the necessity of regular and faithful supervision.

WELSH FOLK MEDICINE.

AT a recent meeting of the Cymmrodorion Society, Mr. E. Sydney Hartland read a paper upon Welsh Folk Medicine in the Middle Centuries. He described the Meddygon Myddfai MSS., and stated that, although other Welsh medical MSS. existed, these alone had been properly examined by a competent antiquary. He endeavoured to show that one manuscript was the result of gradual growth during five centuries. Admitting the influence of Greek and Arab physicians upon mediæval medicine, he thought that the Welsh physicians had rather fallen away from the main stream of progress, and had sunk to the level of their rustic fellow-countrymen. Mr. Sydney Hartland described a number of the beliefs current in Wales among the common people at the time of the Renaissance, and detailed the consequent practices as found in the manuscripts he had examined. The history of the growth of knowledge is at all times interesting; even when progress sinks back to the level of popular beliefs, there is still much to be learnt from such an investigation. Folk medicine is a subject which affords delightful surprises, and furnishes a vivid picture of credulity.

LECTURES AT THE ROYAL COLLEGE OF SURGEONS.

THE lectures will be given during June at 5 P.M. on dates to be announced in our next issue, and comprise the following subjects. Mr. Bryant will lecture on the "Causes, Effects, and Treatment of Tension as met with in Surgical Practice," and also on "Surgical Interference in Cranial Injuries." Mr. Arthur E. Barker will lecture on the "Operative Treatment of Tubercular Disease in Joints." The Arris and Gale Lectures by Mr. R. Marcus Gunn will be on "Light-percipient Organs."

SUCCI, THE FASTING MAN.

THE Accademia Medico-Fisica of Florence has just given a diploma to Signor Succi, on occasion of his having completed his thirty days' fast. The document runs as follows: "We, the undersigned, do certify that Signor Giovanni Succi, of Cesenatico, in the Romagna, African traveller and explorer, has completed at Florence a fast of thirty days—from the midnight of the 1st to the midnight of the 31st of March of this year,—subjecting himself to all the regulations imposed by the Committee of Surveillance created *ad hoc*, and to all the scientific observations of the Commission nominated by this Academy, the results of which will be made *publici juris* at as early a date as possible. We further declare that by his courageous experiment, and by his scrupulous fulfilment of every moral pledge undertaken by him towards us, Signor Succi has deserved well of science." Then follow the signatures of Professor Angiolo Filippi, President of the Committee of Surveillance, and of Dr. Vincenzo Crapolo, his secretary; of Professor Luigi Luciani, President of the Academy, and the Secretary of its proceedings, Dr. Aurelio Bianchi.

CHROMATIC ASYMMETRY OF THE IRIS.

IT is well known that the iris may change colour with the lapse of time, and pass, for instance, from blue to green. M. Féré directs attention to the colour of the iris in the subjects of nervous disease. In lunatic asylums a blue iris is considered by the uninitiated to indicate insanity, but Féré's statistics do not lend any support to this idea. Asymmetry in the colour of the irides, however, appears to show that its possessor belongs to the neuropathic class. It is very frequent in the insane, in epilepsy, and in hysteria; 26 per cent. of epileptics were found to have the sign, and about the same percentage obtained in hysterics. This iridic stigma, it is thought, may prove of practical value.

THE DECLINE OF YACHT RACING.

NOW that our population is becoming more and more congregated into large towns the maintenance of our various national sports is a matter of increasing importance. Of these, none is better calculated to counteract the evils of modern life than yachting, especially when to the calmer pleasures of cruising is added the legitimate excitement of racing. We therefore fully share the wish expressed by a correspondent to our contemporary the *Field*, that endeavours should be made to bring the sport within the reach of as many as may be. This no doubt has been, and will be, done,

for length of purse is not an element of success with which any sportsman has sympathy. It is greatly to be hoped that these endeavours may be successful, for the manly pursuit of seamanship is one of the weapons with which must be met the greatest danger of the present day—the physical degeneration of the nation.

THE COST OF INFECTIOUS DISEASE.

WE are glad to see our contemporary the *Echo* directing the attention of its readers to the costliness of the epidemic of scarlet fever in connexion with a letter from the Local Government Board to the Metropolitan Asylums Board, promising to issue an order authorising the expenditure of the sum of £31,038 6*s.* 6*d.*, on the provision of additional accommodation for fever patients during the recent epidemic, and stating that the order will also provide for the raising of a loan of £10,393 1*s.* 11*d.* in respect of expenditure on huts and pavilions at the North-Western Hospital, and a further loan of £12,514 for the extra furnishing. As the public intelligence on this subject is quickened by having such bills to pay from time to time, it will gradually come to appreciate preventive medicine, and those who advocate and administer it.

FOREIGN UNIVERSITY INTELLIGENCE.

Berlin.—Dr. Langenbuch, Director of the Lazarus Hospital, has been granted the honorary rank of Professor.

Halle.—Dr. Otto Risel has qualified as *privat docent* in State Medicine.

Munich.—Dr. Joseph Bauer has been appointed Professor of Clinical Medicine.

Vienna.—The following gentlemen have been officially recognised as private tutors. Dr. Alexander Kolisko, in Pathological Anatomy; Dr. Ferdinand Hochstätter, in Anatomy; Dr. Edmund Neusser, in Medicine; and Dr. Salomon Ehrmann, in Syphilis and Dermatology.

DEATHS OF EMINENT FOREIGN MEDICAL MEN.

THE deaths of the following eminent foreign medical men are announced:—Dr. Christian Ludwig Nicholaus von Gustorf, Privy Medical Councillor, at the age of ninety-two, at Berlin.—Dr. August von Steinberg-Skirbs, of Königsberg, a retired naval medical officer of high rank.—Dr. Don Francisco Royero y Zahonet, Consulting Medical Jurist to the Municipality of Havana.

THE fifteenth anniversary of the East London Association for promoting Life Governorships to Hospitals was held lately in the Queen's Room, London Tavern, under the presidency of Mr. F. Wootton Isaacson, M.P. The members pay £2 2*s.* a year, and, whenever the fund admits, life governors to hospitals are balloted for. One hundred and sixteen life governors have been so made since 1873, at thirty guineas each. The Association boasts, too, of working without any expenses. Their main object is to help the poor readily to get hospital letters.

ANOTHER public meeting, fairly attended, has been held in regard to the management of the Leicester Provident Dispensary. Two resolutions were passed, one expressing dissatisfaction with the refusal of the subscribers at the recent annual meeting to grant a strict and impartial inquiry, and calling for such an investigation; the other expressing dissatisfaction with the refusal to admit members to representation on the Board of Management.

ADVICES from Cashmere report the existence of cholera in the province of a rather severe type.

AT Naples on the 21st inst. the Emperor of Brazil attended a clinical lecture by Professor Mariano Semmola in the hall of the Spedale della Pace. The subject was "Jaundice and the other forms of Hepatic Disease, their Origin and their Treatment"; and the lecturer handled his theme with so much acuteness and expository power, that at the close he received the special congratulations of his imperial auditor.

Pharmacology and Therapeutics.

THE EXAMINATION OF IPECACUANHA ROOT.

THE veteran pharmacist, Professor Flückiger, has published a note on ipecacuanha root. According to the Antwerp *Journal de Pharmacie* the process which Professor Flückiger recommends for the examination of this root is very exact. It allows us, we are assured, to test to within 1 per cent. the amount of emetine contained in root of good quality. Like all good processes, it is, moreover, simple, and requires no complicated apparatus. The root is reduced to a fine powder, and, being placed in a displacement apparatus, it is treated with chloroform to each 100 grammes of which one cubic centimetre of liquid ammonia has been added. The test is made upon ten grammes of the root. The latter is considered to be exhausted of its emetine when the liquor dropping from the displacement apparatus no longer produces a cloudiness with a few drops of Meyer's reagent (double iodide of mercury and potassium). When that is found to be the case, the chloroform is distilled off and collected as usual. The residue, which consists almost entirely of emetine, is desiccated carefully in a stove or water bath and weighed.

IMITATION KEFIR.

A very good and agreeable imitation of the tartar beverage known as "kefir," which is, like koumiss, used extensively in phthisis and other wasting diseases, may be made by the following simple method described by Dr. Levy in a German chemical journal:—Freshly prepared sour milk is briskly shaken up and then placed in a soda-water bottle, together with 2 per cent of syrup. The mixture is well corked and kept in a warm place for three or four days. At the end of that time a most agreeable effervescing beverage is obtained by uncorking the bottle. It contains some 2 per cent. of alcohol. If required for use more speedily, a few drops of lemon juice should be added to the syrup.

ATROPINE IN POISONING BY PILOCARPINE.

Dr. Wicherkiewicz records in a Polish medical journal a case of poisoning by pilocarpine. Eight minims of a 2 per cent. solution of pilocarpine had been administered hypodermically in the temporal region for an ophthalmic affection. This was followed by very severe symptoms of poisoning and collapse. A subcutaneous injection of morphia and the inhalation of nitrite of amyl proving useless, two drops of a 1 per cent. atropine solution were administered hypodermically. This had more effect, and the patient recovered.

SULPHUR IN SCIATICA.

Dr. Duchesne mentions in the *Journal de Médecine de Paris* that he some years ago employed with complete and permanent success a method of curing sciatica which is better known in this country than in France—viz., enveloping the limb in a thick coating of flowers of sulphur, spread on flannel. His patient was a middle-aged lady, and a single night of this treatment entirely sufficed to effect her cure. Dr. Duchesne remarks that he was induced to try this method by hearing M. Henri Guéneau de Mussy speak at a meeting of the Société de Thérapeutique of the great satisfaction it had given him when he had practised it in England.

ALANIN-MERCURY IN SYPHILIS.

Professor de Lucca of Catania has found that a combination of mercury with amido-propionic acid, or alanin, as it is called, is preferable to all other mercurial preparations for hypodermic use in syphilitic cases. Alanin-mercury is thus prepared: One part of alanin is dissolved in twenty parts of water by heating gradually till it boils. While the solution is boiling binoxide of mercury is added little by little until no more will dissolve. The whole is then filtered and evaporated. The alanin-mercury crystallises out in

minute needles of a dull white colour. With this substance Professor de Lucca has treated forty cases of recent syphilis. A very small dose is sufficient, the average daily quantity given hypodermically being five milligrammes dissolved in a cubic centimetre of water. In very few cases were abscesses produced. Alanin-mercury seems to be peculiarly suitable for internal use in infantile syphilis. In these cases from two to five milligrammes were given daily, and in no instance was there any sign that it could not be borne. Professor de Lucca states that the cures produced by alanin-mercury appeared to be of a permanent character.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF INSPECTORS OF THE MEDICAL DEPARTMENT OF THE LOCAL GOVERNMENT BOARD.

Diphtheria at Queen Camel, by Dr. FRANKLIN PARSONS.[1]—Queen Camel is a village of some 540 inhabitants in the Wincanton rural district, Somerset; it had an outbreak of diphtheria in the autumn of 1885, and a fresh outbreak occurred during the winter of 1887-88. Dr. Parsons commences his report by an account of the sanitary conditions of the village, and, at first sight, much appears to hang upon a badly constructed sewer running down the east side of the main street, and having as its cover merely the flags of the pavement, through the chinks of which offensive effluvia can escape. In its early history the outbreak seems to be one which might help in clearing up the oft-disputed question whether sewer and drain emanations, as such, cause diphtheria, and at the onset it is recorded that in both the epidemic prevalences referred to the houses especially attacked have been those on the east side of the main street. Indeed, in twenty houses on the west side there has been no diphtheria on either occasion; and even in the houses at the end of the east street, but which do not drain into the sewer, there has also been a complete absence of the disease. And, on the other hand, examples are given to show that houses especially open to sewer poisoning have been the principal sufferers in the attack. But speaking generally of defective sanitary conditions, they prevail so universally that Dr. Parsons says that, in so far as they have to do with occurrences of disease, it is difficult to understand how it is that Queen Camel should ever be free from it. Still, it is held that the east sewer did take its share in spreading the disease, perhaps because it received the contagium; whereas its fellow, of equally bad construction, on the west side of the street, may never have had the opportunity of doing the mischief which its eastern colleague came to possess. Tracing the epidemic back to its first case, Dr. Parsons is inclined to think that the poison may have afterwards lain dormant in the sewer until called into activity by the stirring up of the sediment by the autumn rains; but he admits that there were also ample opportunities for the spread of the disease by means of personal communication, such as those connected with school attendance &c. Other causes possibly influencing the origin and distribution of the affection, such as milk, and diseases in the lower animals, seem to be rightly excluded from having had any share in the matter. For the sanitary authority of this village no good can be said. Both in Queen Camel and elsewhere nothing seems to have been done since the 1885 outbreak to provide the requisites of healthy existence, although the Local Government Board at that date pressed certain definite action upon them; and Dr. Parsons can only once more refer them to the recommendations which were made to them some two or three years ago. Where authorities so persistently fail in their obvious duty towards the public health, it must, in the main, remain for the inhabitants who elect them to their posts of trust to seek and support other representatives.

[1] Eyre and Spottiswoode, East Harding-street; Adam and Charles Black, Edinburgh; Hodges, Figgis, and Co., Dublin.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns 5862 births and 3585 deaths were registered during the week ending April 21st. The annual rate of mortality in these towns, which had been 19·9 and 21·9 per 1000 in the preceding two weeks, declined again last week to 19·9. During the first three weeks of the current quarter the death-rate in these towns averaged 26·6 per 1000, and was 2·6 below the mean rate in the corresponding periods of the ten years 1878-87. The lowest rates in these towns last week were 15·7 in Brighton and in Derby, 16·2 in Salford, and 16·7 in Norwich. The rates ranged upwards in the other towns to 24·7 in Halifax, 25·4 in Blackburn, 29·1 in Oldham, and 29·6 in Plymouth. The deaths referred to the principal zymotic diseases, which had been 371 and 358 in the previous two weeks, were last week 364; they included 151 from whooping-cough, 48 from scarlet fever, 44 from diarrhœa, 40 from "fever" (principally enteric), 37 from measles, 25 from diphtheria, and 19 from small-pox. No death from any of these zymotic diseases was registered last week in Halifax or in Cardiff; whereas they caused the highest death-rates in Oldham, Salford, Sheffield, and Bolton. The greatest mortality from whooping-cough occurred in Newcastle-upon-Tyne, Salford, Bolton, and Blackburn; from measles in Bristol and Nottingham; from scarlet fever in Oldham and Blackburn; and from "fever" in Preston. The 25 deaths from diphtheria included 10 in London, 3 in Brighton, 2 in Manchester, 2 in Salford, 2 in Oldham, and 2 in Sheffield. Small-pox caused 12 deaths in Sheffield, 3 in Hull, 2 in Oldham, and 1 in Manchester, but not one in London or in any of the twenty-three other large provincial towns. The Metropolitan Asylum Hospitals contained 21 small-pox patients at the end of the week, against 8 and 15 on the preceding two Saturdays; the Highgate Small-pox Hospital contained 3 patients at the end of the week. The number of scarlet fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital was 1045 on Saturday last, against numbers declining steadily in the preceding twenty weeks from 2764 to 1083; the 105 cases admitted to these hospitals during the week showed, however, a further increase upon the numbers in the preceding two weeks. The deaths referred to diseases of the respiratory organs in London, which had been 460, 419, and 444 in the preceding three weeks, declined last week to 363, and were 47 below the corrected average. The causes of 82, or 2·3 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Manchester, Salford, Sunderland, Leicester, and in four other smaller towns; the largest proportions of uncertified deaths were registered in Huddersfield, Sheffield, Hull, and Cardiff.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 23·7, 21·8, and 20·8 per 1000 in the preceding three weeks, rose again to 21·2 in the week ending April 21st; this rate exceeded by 1·3 the mean rate during the same week in the twenty-eight large English towns. The rates in the Scotch towns ranged from 14·9 and 19·2 in Greenock and Aberdeen, to 24·0 in Perth and 25·5 in Paisley. The 535 deaths in the eight towns showed an increase of 9 upon the number returned in the previous week, and included 17 which were referred to whooping-cough, 11 to diphtheria, 11 to diarrhœa, 10 to "fever" (typhus, enteric, or ill-defined), 9 to measles, 4 to scarlet fever, and not one to small-pox; in all, 62 deaths resulted from these principal zymotic diseases, against 51 and 49 in the preceding two weeks. These 62 deaths were equal to an annual rate of 2·5 per 1000, which was 0·5 above the mean rate last week from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had been 26 and 20 in the previous two weeks, further declined last week to 17, of which 9 occurred in Glasgow, 2 in Aberdeen, and 2 in Leith. The 11 deaths from diphtheria showed a marked increase upon the numbers in recent weeks, and included 8 in Glasgow. The 11 deaths attributed to diarrhœa also exceeded the numbers in recent weeks, and were 1 above the number in the corresponding week of last year. The deaths referred to "fever," which had been 5 and 8 in the preceding two weeks, further rose to 10 last week, of which 4 occurred in Glasgow, 2 in Edinburgh, and 2 in Perth. The 9 fatal cases of measles, of which 5 occurred in Glasgow and 3 in Edinburgh, showed an increase of 4 upon the number in the previous week. Three of the 4 deaths from scarlet fever, which corresponded with the number in the previous week, were returned in Dundee. The deaths referred to acute diseases of the respiratory organs

in the eight towns, which had been 144, 142, and 126, further declined last week to 122, and were 2 below the number in the corresponding week of last year. The causes of 58, or nearly 11 per cent., of the deaths registered in the eight towns during the week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been 31·2, 27·8, and 27·6 per 1000 in the preceding three weeks, further declined to 24·8 in the week ending April 21st. During the first three weeks of the current quarter the death-rate in the city averaged 26·7 per 1000, the mean rate during the same period being 19·6 in London and 20·9 in Edinburgh. The 168 deaths in Dublin showed a further decline of 19 from the numbers in recent weeks; they included 5 from whooping-cough, 3 from scarlet fever, 2 from "fever," 1 from diarrhœa, 1 from diphtheria, and not one from small-pox or measles; in all, 12 deaths resulted from these principal zymotic diseases, against 19 and 15 in the preceding two weeks. The annual death-rate from these zymotic diseases was equal to 1·8 per 1000, the rate from the same diseases being 2·2 in London and 1·8 in Edinburgh. The fatal cases of whooping-cough, which had been 4 and 7 in the previous two weeks, were 5 last week; and the deaths from "fever" showed a decline from recent weekly numbers. The fatal cases of scarlet fever, however, were more numerous The deaths of infants were fewer than in any previous week of this year, while those of elderly persons showed an increase. Seven inquest cases and 6 deaths from violence were registered; and 56, or a third, of the deaths occurred in public institutions. The causes of 19, or more than 11 per cent., of the deaths in the city were not certified.

VITAL STATISTICS OF TRINIDAD AND TOBAGO.

The estimated population of Trinidad in 1887 was 183,486, and showed an increase of 5216 upon the estimate for 1886, mainly due to the excess of immigration over emigration. The proportion of marriages to population declined steadily from 4·9 per 1000 in 1882, to 3·2 in 1886, and recovered to 3·5 in 1887; it was, however, but half the marriage-rate in England and Wales. The birth-rate was equal to 33·6 per 1000, against 35·9 in 1886. It appears that 72·6 per cent. of the children born in 1887 were illegitimate, or born out of wedlock, showing a slight decline from the proportions in previous years. This remarkable proportion of illegitimacy is, in part, the result of the low marriage-rate. The 4479 illegitimate births included 1543 born of Indian parents. The death-rate in 1887 was 26·7 per 1000, and showed a slight decline from the rate in 1886, which was 27·4. The Registrar-General (Mr. C. H. Phillips) unfortunately gives no rates of mortality at groups of ages, and states that the causes of death are returned in such a manner that their classification could not be useful, and would more probably be misleading. The report, therefore, throws very little light upon the causes of this high rate of mortality. Allusion is made to the high rate of mortality among children of tender years, and to "the heartless abandonment of their offspring, particularly the illegitimate, by unnatural fathers"; but no figures are given in support of this charge. It appears, moreover, that the rate of infant mortality in Trinidad last year, measured by the deaths under one year to registered births, did not exceed 158 per 1000, which cannot be considered very excessive in a tropical climate, especially if the fact of the remarkable proportion of illegitimate births be taken into account. It is stated that no fewer than 1377 Indian coolies died during last year. The number of the Indian population among which these deaths occurred is not stated; but further information on this subject should be given in the next report, as it may to some extent explain (apart from the interest attaching to the rate of mortality among imported labourers) the high death-rate in Trinidad.

The Registrar-General of Tobago (Mr. R. B. Llewelyn) reports with reference to this colony, which had a population at the time of the last census in 1881 of 18,051 persons, that the birth-rate in 1887 was 37·1, and the death-rate 21·0 per 1000; and, further, that the marriages showed a marked increase, although no less than 52 per cent. of the births were illegitimate. It is stated that the deaths of children under ten years of age "still keep very high," and that "all efforts of the Government up to the present have failed to make the parents of children treat them with care and affection during the earlier years of their lives." The facts given in the report do not, however, bear out this serious accusation. The 403 deaths included 163 of children under ten years, or 40 per cent., which is not a high proportion in a population with a birth-rate of 37 per 1000. Moreover, with the help of the last census report it may be calculated that the rate of mortality of children under five years in Tobago last year did not exceed 53·6 per 1000 living at those ages, which is below the death-rate of children at those ages in England and Wales. Further, it appears that the deaths of infants under one year of age did not exceed 97 per 1000 of the registered births, while the proportion in England and Wales last year was equal to 145. These figures do not afford any evidence of the neglect of infant life in Tobago referred to by the Registrar-General, but rather the reverse. This may be partly due to a local ordinance, which entitles all children (under eight years of age) of labourers &c. to free medical attendance and medicine; and to the operation of the 14th section of the Medical Aid Ordinance, which imposes a penalty upon any such parents who neglect to take a sick child to the district medical officer to obtain medical aid. The report states that the "salubrity of the island is undoubted, and is proved by the low death-rate amongst adults of 12 per cent." Some explanation of this ambiguous statement would be desirable, as, with so low a death-rate among children up to ten years of age, it would appear to follow that the mortality of adults must show an excess.

Correspondence.

"Audi alteram partem."

CYCLIC OR POSTURAL ALBUMINURIA.

To the Editors of THE LANCET.

SIRS,—I shall be much obliged if you will allow me to say a few words in connexion with this subject. Dr. Pavy remarks in THE LANCET of the 14th inst.: "Dr. Stirling confirms what I have said about the upright position constituting the factor which determines the escape of albumen, and gives the cyclic character to the case." He thinks I have not seen his paper on that subject in vol. i. 1886, p. 437, of which, however, I was quite aware, and knew that he recognised a connexion between the position of the patient and the presence or absence of albuminuria. Indeed, this had been pointed out as early as 1878 by Dr. Morley Rooke of Cheltenham, who kindly informed me last year that the most interesting one of his cases still remained under his care, and was unchanged; and shortly afterwards the same discovery in connexion with albuminuria in boys was made by Dr. Clement Dukes of Rugby, who considered the cause to be an increase of vascular tension common at the time of puberty; whilst I found it in 1881 to be present in a case which I have watched ever since, and which is as marked now as it was then, although the patient's health has not in the least deteriorated. The sentences in Dr. Pavy's paper published in 1886 which bear upon the point under discussion are these: "Necessarily, there must be some determining cause for every round of events, whether it is apparent to us or not; and in the instance before us, whatever the explanation, whether from an influence arising from within or operating from without, the fact stands that, under the ordinary round of daily life, a cyclic train of phenomena as regards the condition of the urine is observable"; and, further on, "the influence exerted by keeping in bed throws an important light—certainly from one aspect—upon the origin of the daily revolution observed." But this is quite a different thing from explaining the production of the various features of the condition. That it was not taken for granted that Dr. Pavy had done this is evident from the fact that these words occur in an annotation in THE LANCET of March 26th, 1887: "Considerable interest attaches to cases of cyclic albuminuria, for their pathology is unknown, and perhaps is different in different cases. The causation of mere intermittency of symptoms generally has not received adequate attention." And in a leading article nearly a year later (January 21st, 1888), in which the probably correct explanation—that of shock producing paresis—as given in my paper of December 10th, 1887, is referred to, it is said that Dr. Pavy "regarded it as a physiological cyclic change," without hinting that he had altered that opinion, which did

not necessarily follow, as it might be said that getting up in the morning is part of a physiological cycle. I do not wish to claim any particular credit for any contribution I have made to our knowledge of this subject, but I do wish to point out that it is not by any means absolutely self-evident what is the true cause of the albuminuria, simply because we know that it has a relation to the position of the body. In truth, no inconsiderable number of possible causes have to be considered; for instance, among others, and omitting the question of food, there are exercise, passive congestion, pressure on vessels induced by an alteration in the position of viscera on standing up, and an increased vascular tension supposed to be physiological at puberty, all of which theories have been advanced by eminent physicians after the study of cases and in full possession of a knowledge of the facts.

I am, Sirs, yours faithfully,

Grays, Essex, April 18th, 1888. ALEXANDER W. STIRLING.

SIRS,—Will you allow me a word on what Dr. Pavy designates as "Cyclic Albuminuria"? Many (thirty) years ago I treated a patient for scarlatinal nephritis. He thoroughly recovered; but, as I had great interest in the case, I used to examine for albumen for many (nine or ten) months after its thorough disappearance. Occasionally I used to find traces in the urine which was passed at midday when I had discovered none the first thing in the morning. On inquiry I found that my patient used to take sharp morning spells at rowing. I at once arrived at the conclusion that its occasional presence was due to the mechanical pressure of the abdominal muscles causing a "back thrust" on the kidneys and their veins. I was in the habit of calling it "mechanical albuminuria," as that seemed to me its only exciting cause. The patient is still living, and quite healthy.

I am, Sirs, yours faithfully,

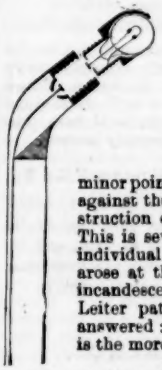
Surbiton, April 17th, 1888. HENRY GODRICH.

AN ANSWER TO DR. MAX NITZE'S PROTEST.

To the Editors of THE LANCET.

SIRS,—In a very able, and to me deeply interesting, communication in your issue of last week, Dr. Nitze of Berlin draws renewed attention to his valuable method of diagnosing obscure vesical disease by means of electric illumination. The worth of the article is unfortunately detracted from by the introduction of an acrimonious dispute between Dr. Nitze and his instrument maker, Leiter of Vienna. To my surprise, he has transferred the squabble from the German press to English columns, and has endeavoured in the article I quote to make me participate by referring to me in the following terms: "I must strongly contradict Mr. Fenwick's statements concerning the share which he has attributed to the Vienna instrument maker in the construction of the instrument. ..... I protest most emphatically against every connexion of Leiter's name with my instrument." No effort of Dr. Nitze's now can erase from the literature whence I derived my "statements" the coupling of his name with Leiter in the history of the Nitze-Leiter Cystoscope. This disclaimer should have appeared in 1879, before the innovation was thus denominated in every European language (compare THE LANCET, 1879, 1880). Moreover, it tappears to me, an impartial reader, as savouring of a recantation. Dr. Nitze's printed eulogy of Mr. Leiter in 1879 accords but ill with the expression of antagonism now. *I* quoted from Dr. Nitze's speech, but for this quotation I am censured. My words were these: "In 1877 Dr. Nitze grappled with the problem (of electric endoscopy), and Leiter, the well-known instrument maker of Vienna, was entrusted with its solution. After ten months of expensive and indefatigable labour, Leiter constructed an electric endoscope by means of which the bladder could be effectively examined." Dr. Nitze's words ran as follows: "Before I came to Vienna the instruments were imperfect and unreliable in many respects, and in their external appearance and shape there was much to be desired. The real practical completion by the most important structural changes is due to the merit of Mr. Leiter, which cannot be estimated highly enough. For ten months he has thrown his whole strength and energy into the work, and shrank from no financial sacrifice to render the instrument as perfect and as practical as possible. ..... Mr. Leiter will demonstrate the instruments, and he is all the more competent to do so as a part of the construction is evolved by himself, and is therefore in the highest sense his intellectual property."[1]

FIG. 1.



The beak of the Nitze cystoscope.

The reason why I thus quoted from Dr. Nitze was an earnest wish to lay a valuable innovation before the profession without taking sides in a quarrel the rights of which I did not know, and to the issue of which I was supremely indifferent. Dr. Nitze introduced the method, and to him belongs the honour: what matters it whose instrument we use as long as it is the best and the most practical?

This brings us to the second and minor point. Dr. Nitze "protests most emphatically against the (my) incorrect explanation of the construction of his (incandescent lamp) cystoscope." This is severe language for the expression of an individual opinion! The question very properly arose at the Medical Society "which of the two incandescent lamp cystoscopes—the Nitze or the Leiter pattern—was the better?" I promptly answered: "In my experience, the Leiter pattern is the more practical, for its lamp is less expensive and less troublesome to repair." Figs. 1 & 2 represent the beaks of the Nitze and the Leiter cystoscopes. In Fig. 1 the carbon filament is *cemented* in the tip; in Fig. 2 it is loose and get-at-able. Given a broken lamp, which is the easier to repair? Fig. 1 shows that the entire tip in the Nitze pattern must be unscrewed and sent to the instrument maker (at Berlin) for renewal. Whilst in Leiter's cystoscope,

FIG. 2.

A, The lamp; B, the lamp adjusted; C, the silver hood for the lamp (in Leiter's cystoscope).

if the lamp burns through, the hood has only to be unscrewed, the lamp pulled out, another slipped in, and the examination continues, after only a minute's interruption. How is it possible that Dr. Nitze can write such advice as this: "My instrument is superior to that made by Leiter, because of its greater simplicity in construction, which allows the lamp to be easily replaced if necessary." I do not complain of this ungracious return for my advocacy of Dr. Nitze's claims in every lecture and demonstration I have given upon the subject. The book I have written upon Electric Endoscopy, issuing from the press this week, contains evidence (for those who care to pursue the subject further) of strict impartiality, and of an admiration for Dr. Nitze, which has only just received so sudden a rebuff.

I am, Sirs, yours faithfully,

April 23rd, 1888. E. HURRY FENWICK, F.R.C.S.

MEDICAL MEN AS JURYMEN.

To the Editors of THE LANCET.

SIRS,—On March 27th I received from the constable of one of the coroners of Middlesex a summons to serve on an inquest to be held on the 29th. Thereupon, I wrote to the coroner (Dr. Danford Thomas) stating that I had been in practice for thirty years and had not hitherto been summoned, and asking whether there had been any recent alteration in the law by which I had become liable to serve as a juryman. I received the following reply:—

"Coroner's Office, 68, St. Mary's Terrace,
"Paddington, W., March 28th, 1888.

"DEAR SIR,—The coroner desires me to acknowledge the receipt of your letter of the 27th inst., and to inform you that there is no alteration in the law, with the exception that the fine for non-attendance has been increased from 40*s.* to £5. *All* male persons, being British subjects of the

[1] Wiener Med. Presse, 1879, No. 26.

age of twenty-one years, of sound mind, and neither 'felons nor outlaws,' are liable to serve on a coroner's jury. If, however, you have some special professional engagement to-morrow, the coroner will be pleased to excuse you.

"Yours faithfully,

"C. C. Fuller, Esq., F.R.C.S." "WALTER SCHRÖDER, Sec.

I did not attend, having acted on the assumption that the 35th section of the Medical Act (1858) exempts every registered medical practitioner, if he so desire, "from serving on all juries and inquests whatsoever." If medical practitioners are really no longer exempt, as is here pretended, the fact should be made more generally known.

I am, Sirs, yours truly,

Albany-street, N.W., April 20th, 1888. C. C. FULLER, F.R.C.S.

*** The 35th section of the Medical Act is not repealed. Medical men would protect themselves more surely by giving notice that they "desire" to be exempt, and by taking care that their names do not appear on the Jury Lists. Their exemption is in the interest of the public.—ED. L.

THE QUEEN IN FLORENCE.

(*From our own Correspondent.*)

April 22nd.

WHEN Her Majesty had made the round of the Museo Nazionale, with its noble collection of the *chefs-d'œuvre* of Donatello, Benvenuto Cellini, Luca della Robbia, and Mino da Fiesole, to say nothing of its treasures in ancient armour and mediæval painting, her guide, the Marchese Ginori, remarked that she might feel a little tired. "No," was the Queen's answer, in ready and pure Italian; "sotto il vostro bel cielo rinasco a nuova vita" (beneath your lovely sky I seem born again to new life). It is indeed a considerable time since Her Majesty has enjoyed better health and spirits than during the last month in Florence. The climate, variable and not always clement though it has been, has apparently suited her better than any other place of sojourn on the Continent. For those who are as indifferent as the Queen always is to low temperature the air of Florence has a distinctly bracing effect, enabling the resident to take an amount of exercise not usual with him even in the British Isles. Another element in Her Majesty's favour was the wisely ordered alternations between the "still life"—the "rest-cure" it may be called—of the Villa Palmieri and the mental recreation afforded by the galleries, the churches, or the public monuments of the city, and the picturesque scenery of the suburbs. Out of doors in all weathers, the Queen's days were divided between the quiet walk on the terrace, or the easy drive in the curricle along the walks of the Villa, or the more extended excursion to such points of pilgrimage as the Certosa di Val d'Ema, and the visit to this museum or to that basilica—to the resorts, in fact, which were hallowed to her by association with the youthful studies of Albert the Good. The pensive enjoyment of such scenes was in itself a soothing pleasure to Her Majesty, till, as the time of her *villeggiatura* drew near its close, she admitted to her presence those of the late Prince Consort's early Florentine friends who still survived, and in eliciting, in her own genial, gracious manner their recollections of his life among them, she lived over again in imagination the days in which those accomplishments and tastes were acquired or developed which it was her happiness in later years to share.

What wonder, then, that the Queen has given her Florentine friends to understand that she means to repeat, at no distant date, the experience which has been fraught to her with so much good—if not, so it has been said, to make her last month's sojourn the first of a series of such visits each recurring spring.

But the Florentines, on their part, must continue to show themselves deserving of such a guest, not only by the delicate consideration they have manifested for Her Majesty's *incognito*, and by the facilities they so thoughtfully afforded for her undisturbed enjoyment of the scenes and objects most attractive to her, but by the not less substantial homage of improved public sanitation implied in their cleansed and brightened streets, and in the removal of those offences to the special organs hitherto so characteristic of their urban life. They have a noble opportunity of taking a new departure in a walk in which they have always been backward—that of the outward conditions of health. Expecting, as they now may well do, a considerable accession each winter to their English-speaking population, they would be untrue to their native intelligence if they neglected to put their civic house, so to speak, in order; to have it not only, as heretofore, superficially swept and garnished for the reception of their wonted guests, but to subject it to such a steady, year-long rehabilitation as may make it a safer and more attractive place of sojourn for an ever-increasing contingent of visitors. That they are alive to this necessity has quite recently been shown by the leading columns of their journals, such as the *Nazione*, which devoted an article the other day to impressing on the Government, imperial as well as local, the necessity of bringing Italy and Florence into something like equality with the British Isles or the United States in the prevention of disease and in the care for public health. The Italian peninsula, indeed, and Tuscany in particular, have a great future before them as resorts for the enfeebled or rest-requiring denizens of northern climes. On her seaboard and in her mountains, such as the Riviera Ponente and the Pistoiese Apennines, nothing is wanted but enterprise and forethought to attract to such places as Sestri on the shore, or Abetone in the mountains, a large proportion of invalids or health-seekers, who are year by year complaining that the French or Swiss watering-places or *Kur-örter* are ceasing to benefit them. They cannot begin too soon, and, indeed, it is something more than a coincidence that with Her Majesty's *villeggiatura* on the Fiesole slopes a higher efficiency has been planned for the Monte Catini baths and the Grotta di Monsummano in the Tuscan province.

April 25th.

Her Majesty has left Florence ringing with her praises, not only for the cordial appreciation of all that is specially attractive in the city and its environs, but for her great liberality towards its benevolent institutions. Among other donations, which with characteristic delicacy the Queen allowed to be made known but a few hours before her departure, was one of 5000 fr. (£200) to be distributed among the Florentine poor; 1500 fr. (£60) for the Bishop of Gibraltar's Seaman's Fund; as well as special gifts to all those, whether military or civilian, who had exerted themselves to make her visit pleasant and profitable. Her Majesty took special interest in the "Arciconfraternità della Misericordia," or company of Florentine citizens who have banded themselves together, without fee or reward, to relieve the sick, to transport cases of sudden illness in the street to the hospitals, and to superintend the decent interment of the dead. The annals of the Archconfraternity teem with episodes of the deepest and most dramatic interest, especially when descriptive of such terrible visitations as the cholera epidemic of 1855. Before taking leave of Florence Her Majesty conveyed to the Provveditore, or chief functionary of the institution, her high admiration of the service he and his colleagues render to the community, and the profound impression made upon her by all that she had learned of the system. The effect of the Queen's generous interest in the Florentine charities has already become apparent, and the extraordinary sitting of the Communal Council, convened for the purpose of infusing fresh energy into the *risanamento* or hygienic amelioration of the city, is but one among many proofs of the benefit Her Majesty's sojourn has, directly and indirectly, conferred upon the Tuscan capital.

LIVERPOOL.

(*From our own Correspondent.*)

THE DEATH OF MR. MATTHEW ARNOLD.

GREAT REGRET was felt all through the city at the sudden death of Mr. Matthew Arnold. The sadness of the event was intensified by the fact that the deceased had come to meet his daughter, who was expected from abroad, and she arrived some hours after her father had passed away. In 1882 the deceased delivered the introductory address at the opening of the Liverpool University College to a crowded audience, and those who heard it will remember it with interest and pleasure. So free a lance as he was could hardly avoid hitting hard here and there, but the address was a most admirable one, and was very well received. Though the end

came so suddenly, he was seen by Dr. Little, near whose residence he was when the fatal seizure came, and the city coroner, exercising a wise discretion, decided not to hold any inquest.

SANITARY PLUMBING.

Arrangements are being made by Dr. Taylor, the medical officer of health, to have local plumbers examined in sanitary details and registered on a national system as inaugurated by the Worshipful Plumbers' Company. The importance of such movement may be judged by the following facts. In a leading street in this city, the houses of which have long been principally occupied by physicians, surgeons, and dentists, the drains have within the last few years been found most defective. In one house the soil-pipe, instead of having a fall, was actually inclined upwards, and one pipe was so choked with sewage that it had to be broken up, as it could not be cleared. In another house several cesspools were found under the cellar, and the sewage had been accumulating for years. If every member of the profession who has been a householder were to furnish his experience of insanitary plumbing, a body of evidence would be obtained which would be sufficient to overcome any oppposition which might arise to sanitary plumbing.

Liverpool, April 25th.

NORTHERN COUNTIES NOTES.

(From our own Correspondent.)

NEWCASTLE.

WHEN the guardians elected Mr. T. A. Dodd to the important post of consulting surgeon to their workhouse, it was felt on all hands that out of the many excellent candidites who desired the post they had selected the best. Mr. Dodd has been in practice in Newcastle for, I believe, fifteen or sixteen years, and has also held the post of assistant surgeon to the Royal Infirmary for many years. His long tenure of the latter has simply arisen from the fact that there has been no vacancy in the higher office. A notice has been given of a special meeting of the guardians to be held on next Friday at which it will be sought to rescind the votes by which Mr. Dodd and other officials were appointed. The reasons given for this are very curious. Many of the guardians who made the choice were not returned at the late election; therefore, the new ones say that the appointment should have been left over for them to make. Even if they do cancel the election, no one of common sense would think for one moment that the Local Government Board would sanction such procedure. Contesting the appointment was certainly troublesome enough without subjecting a successful candidate to the annoyance of a repetition. Mr. Hardcastle, the late union surgeon, who was so suddenly dismissed owing to the unfortunate disputes at the workhouse, has applied to the guardians for a pension. The *Newcastle Chronicle* has some strong but kindly remarks upon the matter, and points out that the guardians can hardly, with any decency, justice, or fairness, refuse to recognise the claim to the customary pension preferred by a medical officer who has served the union for the long period of thirty-five years, and that the grant of a pension is the only reparation the guardians and the Local Government Board can now make to a gentleman who has grown grey in their service. I believe the profession here would be glad to see this act of justice done to Mr. Hardcastle. Mr. H. E. Armstrong, our medical officer of health, has, in a letter to our sanitary committee, drawn timely attention to the benefits of bathing, and asked for the early reopening of the city swimming baths. He points out the benefits of bathing to all persons, but especially to mechanics and workmen exposed to dust and smoke. He says the weekly warm bath is essential to health, to say nothing of cleanliness; but he points out that the cold bath not only cleanses, but is tonic and bracing, and that the number of persons to whom the cold bath (under proper regulations) is unsuitable is very small, but that the number who through ignorance fail to avail themselves of this delightful hygienic agency is very large. In Newcastle, he points out, we have abundant means for bathing of all kinds, if the people will only make use of them; and he thinks that what is spent in daily baths will be more than "saved in doctors' bills"; but I wonder where all this sanitation will lead the doctors to, poor fellows! Considering the rigour of our northern climate, it would be very desirable for our public swimming baths to be warmed for about eight months in the year.

SUNDERLAND.

The treasurers of the Hartley memorial wing of the Sunderland Infirmary have received £500 from Mr. James Laing towards the building fund. It is intended also to hold a Venetian bazaar for the same purpose. The Sunderland people are great at bazaars, and many medical and other objects have been much furthered or accomplished by their aid. Dr. Anderson of Seaton Delaval has been teaching a very large ambulance class, and, out of an average of eighty, forty students presented themselves at the final examination held by Dr. Drinkwater of Sunderland, all of whom passed. The Seaton Delaval Coal Company provided the necessary apparatus and diagrams. The very satisfactory decrease in the death-rate at Sunderland is worthy of remark. Last week it was only 16·2 per 1000, while for the corresponding week for the past ten years it was 23·7 per 1000. Such figures will cheer the medical officer of health, Mr. A. E. Harris, and all sanitary reformers.

SMALL-POX IN WEST CUMBERLAND.

A tramp, who had come from Blackburn to Keswick, was reported by the medical officer of health to have shown symptoms of a severe attack of small-pox, and had been conveyed to the Cockermouth Workhouse Hospital. Another tramp from Workington had also come from Lancashire with the disease, and had been sent to the same hospital; but a proposal to erect a contagious diseases hospital for the town of Cockermouth, on being again brought before the local board, was not entertained, though this dilatoriness might be a serious thing for the lake district.

Newcastle-on-Tyne, April 24th, 1888.

DUBLIN.

(From our own Correspondent.)

MEDICAL INSPECTORSHIP, LOCAL GOVERNMENT BOARD.

SEVERAL weeks since, I stated that it was believed that Dr. E. C. Thompson, surgeon to the Tyrone County Infirmary, had been appointed medical inspector to the Local Government Board, but it is only within the past few days that it has been officially confirmed. He will prove, I am confident, an able and efficient successor to Dr. O'Farrell, who has been promoted as medical adviser to the Prison's Board.

VICE-REGAL VISIT TO THE ROYAL HOSPITAL FOR INCURABLES.

Her Excellency the Marchioness of Londonderry visited this institution last Saturday, inspected the various wards, and recorded in the visitor's book the great pleasure it had given her to again visit the hospital. The building of the Victoria Jubilee Wing commenced last month, the principal object of the addition being to provide separate and special accommodation for those suffering from cancer and consumption. I may add that donors of twenty guineas become life members, and possess the right of voting at elections

ROYAL ACADEMY OF MEDICINE IN IRELAND.

At a meeting of the Medical Section last week the President, Dr. James Little, read notes on the Relief of Migrainous Headache, and on the Use of Saccharine in Chronic Cystitis. In that form of migraine characterised by intense headache accompanied by visual disturbance he found a combination of the citrate of caffeine and salicylate of soda very useful; while in chronic cystitis the use of saccharine appeared to be of considerable benefit in its effect on ammoniacal urine.

MEATH HOSPITAL.

The new "Barber" wing is rapidly approaching completion, and when finished must give considerable additional accommodation. It is alleged that a portion of the new wing will be allotted to fever patients, and some objection has been raised by parties residing in Arnott-street that these fever wards will be unnecessarily close to them. It is probable that the matter may come before the Paving and

Lighting Committee of the Corporation this week, but I think that the statements made in reference to the matter will be found to have been exaggerated.

FERMOY BARRACKS: OUTBREAK OF PNEUMONIA.

It is stated that a serious outbreak of pneumonia occurred last week among the men of the Bedfordshire Regiment stationed in these barracks. One death has taken place, and sixteen cases are at present in hospital. Probably it is a low kind of fever, inasmuch as the affection is said to be very contagious and virulent in character.

THE PHARMACY ACT (IRELAND).

The new regulations for the Preliminary Examinations under this Act were published in last week's *Dublin Gazette*. After setting forth the regulations for the examination in Latin, English, Arithmetic, and the rudiments of Botany, Chemistry, and Physics, it is ordered that a percentage of 50 per cent. of the entire marks must be obtained in English and Arithmetic, and 40 per cent. on the entire course, to entitle a candidate to pass. The marks will be allocated as follows:—Latin, 20; English, 30; Arithmetic, 20; Weights and Measures, 10; Elementary Chemistry and Botany, 10 each. It has been resolved that the minimum pass percentage in Pharmacy should be 45; and in Botany, Materia Medica, and Chemistry, 40 each; and that the candidate, in order to pass, must make a total of 55 per cent. Further, that, in subdividing the subjects for examination, the examiner shall maintain in each subdivision the minimum percentage adopted by the Privy Council in Ireland for the subject of which it is a subdivision. The above system of marking has been adopted by the Council for the guidance of the examiners; but it is clearly understood that they shall have, in conference and jointly, a discretionary power to pass a candidate whose general information and intelligence appear to justify such a course, though he may not in some one subject have attained to the standard laid down. The fee for restoration to the Register of the name of a pharmaceutical chemist struck off under the provisions of Section 25 of the Act shall be one guinea.

ADMINISTERING A CHARITABLE TRUST.

The Vice-Chancellor had before him on Tuesday a scheme for the administration of the charitable trust contained in the will of a Mr. Bury, who died some ten years since. The testator left the principal part of his property upon trust, either to build a hospital or to add a wing, or ward, or beds, to some existing Dublin hospital; and provided that his medical attendant (Dr. Hepburn) should be appointed medical officer, at a separate salary of £100 a year. The Meath Hospital was selected, and the Standing Committee of that institution, at a meeting held on Feb. 27th last, resolved to dedicate five beds in each of two new wards, which are being built, to the Bury Trust, to be perpetually maintained at the expense of the hospital. The Vice-Chancellor has approved of the scheme, and has directed the terms of the arrangement to be carried out by a formal deed.

NATIONAL LYING-IN HOSPITAL, DUBLIN.

The Council of the Royal College of Surgeons in Ireland, on the recommendation of their Committee of Inspection, have agreed to accept from candidates for the diplomas of the College the certificates issued by this hospital.

Dublin, April 24th.

BELFAST.

(From our own Correspondent.)

THE CORONERSHIP OF SOUTH DOWN.

OWING to the death of the coroner of the southern division of co. Down, a vacancy has occurred, and for the post there are three candidates—viz., Dr. S. E. Martin of Newry; Dr. Alex. Heron of Ballyroney, Rathfriland; and Dr. Smyth of Banbridge. The contest is likely to be a keen one.

THE LOCAL GOVERNMENT BOARD INSPECTORSHIP.

It having been stated that Dr. E. C. Thompson, surgeon to the Tyrone County Infirmary, was about to be appointed to the vacant medical inspectorship of the Local Government Board, a meeting of the leading inhabitants of Omagh (where Dr. Thompson lives) was held last week, and the following resolution was passed:—"That this meeting regrets the possibility of Dr. Thompson's removal from Omagh, and earnestly requests him to reconsider his intention of accepting office under the Local Government Board." Dr. Thompson is the leading medical man in Omagh, where his father was also a practitioner, and is greatly respected by the inhabitants of that place and the surrounding districts.

THE ULSTER MEDICAL SOCIETY.

On the evening of April 11th there was a large attendance of the members of this Society to hear an address from Professor Cuming on the Diagnosis and Treatment of Membranous Laryngitis. During the past winter diphtheria has prevailed in Belfast, a fact which gave additional interest to the discussion. After pointing out the various factors to be taken into account in the diagnosis of membranous laryngitis, which in the great majority of cases he looked upon as diphtheritic in its nature, Dr. Cuming discussed in turn the value of steam, local applications, sprays, internal remedies, nourishment, and stimulants, and finally considered very fully the question of tracheotomy. From his large experience of the unsatisfactory results of medication, as well as of the fatality that attended tracheotomy when done late, he had come to the conclusion that as soon as the presence of a membrane in the larynx was diagnosed the performance of tracheotomy should be advised without delay, as the only chance for the patient. An animated discussion followed, in which Prof. Sinclair, Mr. Fagan, Dr. Dempsey, Dr. Lindsay, Prof. Dill, Dr. Wales, Dr. Byers, Dr. McFarland, and the President (Dr. Esler) took part.

April 24th.

PARIS.

(From our own Correspondent.)

"L'HOMME SANS LARYNX."

A SHORT time ago I read a note in a scientific journal, entitled as above, which was reproduced from the Paris *Figaro*, and which was to the following effect. At No. 22, Rue de la Banque, Paris, may be seen a man (a wine merchant) who has been living without a larynx for the last two years. In April, 1885, he consulted Dr. Fauvel, the celebrated laryngologist, on account of severe dyspnœa, to which he had been subject for some time. Dr. Fauvel diagnosed an osteosis with œdema and ulceration of the larynx, and proposed to perform tracheotomy on the man. This he refused to submit to, and consulted other physicians; but, as he was getting worse and the danger of suffocation became imminent, he decided upon the operation. Tracheotomy was practised on Feb. 13th, 1886; but, as this did not afford much relief, Dr. Péan on Feb. 27th—that is, a fortnight afterwards—performed ablation of the larynx. This was done at the hospital, and on March 19th he was able to eat, and left the hospital cured and apparently in good health. As newspaper reports of medical cases are not always very correct, I resolved to call at the address given, and verify the statement published. I saw the man in his shop (a public-house), serving his customers as if nothing had happened to him. He is thirty-seven years of age, but looks about fifty. At my request he very willingly showed me his throat, where I perceived the cannula which was introduced by Drs. Péan and Fauvel, and whenever he had to answer my questions he closed the orifice of the cannula with his finger, and although his voice was not very audible, yet he spoke distinctly. He has not changed his habits, but eats and drinks as much as he ever did. As far as I could learn, the man had no antecedents of syphilis or tuberculosis, but had been frequently treated for "colds on the chest."

REGULATION OF VICE.

The long debate at the Academy of Medicine on the public prophylaxis of syphilis, or, rather, the police regulation of prostitution, has been brought to a close, but the question remains exactly where it was when the discussion began. No less than thirty-three articles have been proposed by the Commission through Dr. Fournier, its reporter, on the best measures that should be taken to prevent the spread of the disease. Scarcely any of the articles have been accepted as proposed, as each speaker who took part in the debate had something to take from or to add to them. Dr. Diday of Lyons made a most interesting communication on the subject of prostitution. Formerly, he said, there

were two sorts of prostitution—viz., that of licensed public houses (*maisons de tolérance*) or closed prostitution, and street or open prostitution. The progress of civilisation has given birth to a third form, *la prostitution entr'ouverte*, or what may be termed clandestine or unlicensed prostitution, which is practised particularly in drinking shops where women are employed. To remedy this state of things, Dr. Diday proposed that Paris and other large cities should follow the example of the city of Lyons, where young women who are so employed should furnish every three months a certificate of good conduct and of good health under a penalty of a fine for any omission of the same, for which the masters are responsible. This declaration simply excited a smile, and one of the members facetiously remarked that if Paris should wish to preserve its title of the first city of France, it had only to exact from all the young women of wine or beer shops certificates similar to those exacted from the *employées* of Lyons as a proof of their morality. In the course of the debate, Dr. Le Fort made frequent allusions to the salutary effects of the English law respecting prostitution, but Dr. Brouardel took another view, and drew a comparison strongly in favour of the Paris system.

ARROW POISON.

At a recent meeting of the Academy of Sciences, M. Chevreul, the venerable academician, communicated, in the name of M. Arnaud, Curator at the Museum of Natural History, a very interesting note on the toxic substance which the Comalis employ to poison their arrows. This substance is the "Ouabaio" wood, and from this wood M. Arnaud has extracted a crystalline matter, a glucoside endowed with terribly venomous properties. In subcutaneous and in intravenous injections two milligrammes suffice to kill a dog weighing twelve kilogrammes. Death rapidly occurs by an arrest of the heart's action.

A "SOCIÉTÉ DE STOMATOLOGIE"

Has just been founded in Paris, the object of which, as its name implies, is the scientific study of affections of the mouth and its accessories. The Society is composed of the members who have founded it, of titular members, national and foreign corresponding members, and honorary members. The founders consider that stomatology being an essential branch of medicine, it requires an instruction as scientific, varied, and complete as the other medical specialties. Medical men desirous of becoming members are requested to apply to any of the following members of the committee:—Dr. Magitot, 8 Rue des Saints Pères; Dr. Galippe, 65, Rue Sainte Anne; M. Cruet, 2, Rue de la Paix.

The publication of a new journal entitled *Revue sur les Maladies du Système Nerveux*, under the direction of Professor Charcot and M. Paul Richer, is announced, and will contain clinical observations and an iconography of the diseases of the nervous system observed at the Salpétrière Asylum.

Dr. Ménière, the well-known otologist, has been charged with an official mission to represent the Minister of Public Instruction at the International Congress of Otology, which is to be opened at Brussels in September, 1888.

Dr. Straus has been appointed Professor of Experimental and Comparative Pathology at the Faculty of Medicine of Paris in the room of Professor Vulpian, deceased.

Paris, April 24th.

INDIA.

(From a Correspondent.)

THE PREVENTION OF ACCIDENTS.

A POINT to which public attention may be drawn is the large number of cases of "accidents," so called, which are being constantly admitted into the Bombay hospitals from mills, factories, and the shipping docks, which urgently call for adequate legislative measures with a view to their prevention. It is a trite adage that "Prevention is better than cure," and may, and should indeed, be applicable to surgical injuries. It is most inhumane to see poor, ignorant, and unfortunate labourers brought to hospitals with shattered limbs, the scalp taken clean off the calvaria, ribs smashed, with internal organs injured, and the like. Scarcely a week passes but a coroner's inquest is held in such cases, and the stereotyped verdict of "Accidental death" is returned. But the relatives of these people, through lack of legal knowledge and means, do not set the legal machinery at work to recover substantial damages from employers. The coroner, I would suggest, should inquire more closely into the circumstances and as to whether reasonable precautions are taken as to prevention. Employers are responsible for injuries done to limb and life through want or insufficiency of means to prevent casualties. One never hears out here of any sort of compensation being given to the unfortunate sufferers or their relatives.

HORN ON MARGIN OF GOAT'S EAR.

With reference to Fig. 16, showing head and neck with cervical auricles in a satyr, published by Mr. Bland Sutton in his interesting lectures on "Evolution in Pathology,"[1] I would draw attention (and reproduce a diagram) to a horn on the margin of a goat's ear, published in a paper by Mr. J. H. Steel, superintendent of the Bombay Veterinary College.[2] The head is described as of fine black colour, having two spiral horns, well developed, of even twist, and backward and outward slope. The ears are long, broad, and pendant, covered externally with short black hair, and internally having a fair quantity of long, straight hair near the margins. The peculiarity here is in the posterior margin and both surfaces of the right ear—about the middle third—of a goat. On the outer surface the skin has undergone warty change, forming an irregular horny mass, the area of which is extended by the circular base of this horn, which

grows from it. The horn is conical, about 5 in. long, and curls slightly at its tip; its growth is in concentric rings, and its texture is fibrous, but less regular than ordinary horns. Its attachment appears to be firm; the growth has been "natural." The animal would appear to have a tendency to such growths (keratogenous diathesis), as there was also an irregular horn in one of the limbs.

ENTERIC FEVER AMONG BRITISH TROOPS.

The etiology of enteric fever in this country has long been numbered among the vexed questions, for the elucidation of which the reports of the Sanitary Commissioners with the Indian Government have not been of much avail, either practical or scientific. The recently issued one is no exception to its predecessors. It goes over very nearly the same ground, and recounts well-known points in dispute without throwing any new light on the subject. One point, however, is clearly brought out, and that is the decreasing liability to this disease as the period of youth becomes more distant. In 1886 the deaths per 1000 of the European Army in India amongst soldiers under twenty-five years of age averaged 7·44; between this and twenty-nine the average mortality was 3·08; and between thirty and thirty-four it was 1·01. This in itself ought to convince the advocates of juvenile soldiering that the system is open to serious objection, from a hygienic standpoint at any rate.

[1] THE LANCET, Feb. 18th.
[2] Journal of the Bombay Natural Society, vol. ii., 1887.

Equally plain is the relationship of enteric fever to length of time in India. This fact is brought out in the returns for the year 1886 with almost unprecedented clearness. The number of deaths per thousand of men who had been two years and under in India was 8·63, while the number that died between the third and eighth year of residence was 3·31, and between the seventh and tenth year 1·12. What proportion in the *vera causa* the factors age and climatic surroundings respectively take cannot be elicited from the tables furnished. To this special attention may well be paid in future. The susceptibility of the young soldier to this disease is, on the whole, decidedly increasing. Everyone is agreed upon the point that the disease is most common in Europe between the ages of fifteen and twenty-five. Therefore the evidence furnished in this report on the point of age only goes to confirm the view as regards this period of life, and *a priori* would tend to indicate that climate plays, if at all, but a secondary part in the causation of enteric fever in India. So far as sanitary surroundings are concerned, Dr. Hamilton says, "In no part of the world is sanitation so perfect as in India, and in no station could the dry-earth system be more thoroughly carried out than here. Yet year after year with the advent of young soldiers from home, we see the same recurrence of the disease." Another army surgeon writes of his camp as having been absolutely free from enteric fever until some young soldiers began to arrive. Dr. Pinkerton, late administrative medical officer at Kurruchi, and an able physician, while attaching due importance to age, is inclined to lay the cause on local insanitary surroundings.

Bombay, March 23rd.

THE SERVICES.

A DISTINGUISHED SERVICE reward has been conferred upon Deputy Surgeon-General Wm. Walker, of the Indian Medical Department.

ARMY MEDICAL STAFF.—The undermentioned Surgeons-Major are granted retired pay (dated April 25th, 1888): George Edward Dobson, M.B., Eugene Valentine MacSwiney, M.D., Albert Halahan L'Estrange, Peter Thomas Frazer, and Francis Adolphus L'Estrange.

Surgeon Horace Henderson Pinching has been seconded for service with the Egyptian Army (dated March 7th, 1888).

ARMY MEDICAL RESERVE OF OFFICERS.—The undermentioned Officers to be Surgeons-Major, ranking as Lieutenant-Colonels (dated April 25th, 1888): Surgeon-Major Cooper Hays Crawford, M.D., 3rd Battalion, the Prince of Wales's (North Staffordshire Regiment); Surgeon-Major Charles Mitchell McQuibban, M.D., 3rd Battalion, the Gordon Highlanders; and Surgeon and Honorary Surgeon-Major, Matthew Baines, M.D., 1st Middlesex Engineer Volunteer Corps. The undermentioned Officers to be Surgeons, ranking as Captains (dated April 25th, 1888): Surgeon Frederic Edward Manby, 3rd Volunteer Battalion, the South Staffordshire Regiment; Surgeon Robt. J. Collie, M.D., 3rd Volunteer Battalion, the Durham Light Infantry; Surgeon Charles Stewart Young, 3rd Volunteer Battalion, the Black Watch (Royal Highlanders); Surgeon Frederick Henry Appleby, 4th Volunteer Battalion, the Sherwood Foresters (Derbyshire Regiment); and Acting Surgeon Charles Alexander MacMunn, M.D., 3rd Volunteer Battalion, the South Staffordshire Regiment.

RIFLE VOLUNTEERS.—1st Volunteer Battalion, the Suffolk Regiment: Acting Surgeon C. B. Rendle resigns his appointment (dated April 25th, 1888).—1st Volunteer Battalion, the Duke of Wellington's (West Riding Regiment): T. Godfrey Hall, Gent., to be Acting Surgeon (dated April 25th, 1888).

THE VOLUNTEER MEDICAL STAFF CORPS.—The London Division: D'Arcy Power, M.B., to be Surgeon (dated April 25th, 1888).—The Leeds Division: De Burgh Birch, M.D., to be Surgeon (dated April 25th, 1888).

ADMIRALTY.—In accordance with the provisions of Her Majesty's Order in Council of April 1st, 1881, Surgeon Walter Charles Spiller has been placed on the retired list of his rank, with a gratuity (dated April 6th, 1888).

The following appointments have been made: Fleet Surgeon Garland W. L. Harrison, to the *Swiftsure;* Fleet Surgeon J. H. Martin, to the *Boadicea;* Fleet Surgeon Brien P. S. M'Dermott, to the *Britannia*, additional; Fleet Surgeon Edward J. Sharood, to the *Sultan;* Staff Surgeon Charles W. Magrane, to the *Impregnable;* Staff Surgeon Richard D. White, to the *Duncan;* Staff Surgeon Michael Fitzgerald, to the *Swiftsure;* Surgeons W. S. Lightfoot and John E. Penn, to the *Swiftsure;* Surgeon Henry Harries, to the *Boadicea;* Surgeon Charles F. Newland, to the *Calypso*; Fleet Surgeon John G. Sampson, to the *Swiftsure.*

Obituary.

PROFESSOR F. S. FRANÇOIS DE CHAUMONT, F.R.S.

THE lamented death of Professor De Chaumont, which we briefly announced last week, will be felt as a severe loss to the Army Medical School at Netley, and to the cause of sanitary science everywhere.

The late Dr. De Chaumont was a man of singular ability and wide culture. What would be but a bare statement of the extent of his attainments and the diversified character of his accomplishments would sound to those who had only known him by reputation as an exaggerated eulogium—as an affectionate and mournful tribute to a dead man's memory by a friend sorrowing for his recent loss. Dr. De Chaumont was endowed with rare mental capacity, with a robust and masculine type of intellect, and his knowledge was encyclopædic. In addition to being a sound classic and excellent modern linguist, he possessed mathematical acquirements of a high order. He was uncommonly well read, too, in most branches of science and literature. His memory was prodigious, and he had such an intellectual grasp and faculty for analysis that nothing seemed to come amiss to him—a scientific theory or fact, a humorous story, an apt quotation or illustration from a poet or novelist, or an incident of travel. He was, in brief, essentially a *savant*, and, in addition to his other accomplishments, he was no mean musician. Notwithstanding the reputation he enjoyed, it may be asked how it was that, endowed with such intellectual qualities, he did not attain even a higher position than he did. Like so many gifted men, Dr. De Chaumont had some difficulty in adjusting his mental machinery to work. He had a certain amount of intellectual indolence, and the very extent of his culture had, perhaps, a prejudicial influence on his energies, for he possibly thought that unless the work or idea in hand possessed originality, or could be set forth with striking effect, it might as well be let alone.

Dr. De Chaumont had long been ailing in health, and, in addition to other maladies, his heart had of late given evidence of failing power, probably from a defective quality of its muscular fibre. After having been treated for some time at his residence in Woolstone, he went to the south of France, and returned home benefited by the change. On April 18th, the day of his death, he had gone to the Royal Victoria Hospital, and returned by rail to Scholing Station, where he left the train and walked to his residence at Woolstone. On arrival there he went into his study, where he spent some time, and shortly afterwards retired to an adjoining room, where he appears to have fallen or sunk on the floor from cardiac failure, which proved fatal.

Dr. De Chaumont was born in 1833 in Edinburgh, where he graduated M.D. in 1853, and obtained the F.R.C.S. in 1864. He entered the Army Medical Service in April, 1854, and retired from it in 1876, while in the rank of surgeon-major. He served with the Rifle Brigade in the Crimean war from May 21st, 1855, and was present at the siege and fall of Sebastopol, for which he received the Crimean medal and clasp and the Turkish war medal. He also served in India and Malta.

In 1863 the Secretary of State, on the recommendation of the Director-General and the late Dr. E. A. Parkes, Professor of Military Hygiene at Netley, selected him as Assistant Professor for a term of five years, at the end of which he was reappointed for a further term, and in 1875 he became Conjoint Professor of Hygiene with Dr. Parkes, and held that appointment until the greatly lamented death of Dr. Parkes, whom in 1876 he succeeded in the professorial chair, and subsequently became F.R.S. In 1883 he was selected to act as Examiner in Sanitary Science at the University of London, and held this appointment and his professorship at Netley until his death. He was also an Examiner in Science at the University of Cambridge. Dr. De Chaumont edited several editions of Dr. Parkes' classical work on Army Hygiene, besides contributing to the world

numerous papers and observations on sanitary, scientific, and medical subjects. He frequently lectured at the United Service Institution and at other places, and performed a really enormous amount of work in the aggregate for the benefit of the Government he served. Dr. De Chaumont was a leading authority on hygiene, and his information and opinions, founded as far as they could be upon exact methods of inquiry, were universally regarded with respect. With all his learning, there was nothing *doctrinaire* about him; he was genial, frank, and generous, ready to assist anyone, and had the courage of his opinions. His loss will be an irreparable one to his friends. Dr. De Chaumont leaves a widow and large family to mourn the death of a great and good man.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—The following gentlemen, having passed the required examination, will be proposed for admission as Members:—

Duff, John, M.D.Glas., Windsor.
Tylden, Henry J., M.B.Oxon., St. Bartholomew's Hospital.
Waldo, Henry, M.D.Aberd., Clifton.
Wigglesworth, Joseph, M.D.Lond., Rainhill, Prescot.
Wilkinson, Arthur Thomas, M.D.Lond., Manchester.

EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.—The following gentlemen passed the Second Examination in Anatomy and Physiology at meetings of the Board of Examiners on the dates indicated.—On April 11th:

ANATOMY ONLY.—F. A. Field, C. H. Whiteford, R. A. Walter, F. Johnson, J. B. Anderson, G. E. Bensley, W. W. Nuttall, R. S. McD. Pullen, E. C. Bridges, M. Swabey, W. W. Smith, A. W. Tidbury, and J. H. Tootal, of St. Bartholomew's Hospital; E. G. Renny, and P. C. Phillips, of St. Thomas's Hospital; E. K. Goodwin, of King's College Hospital; M. C. Langford, of London Hospital; W. E. Passmore, of Westminster Hospital; W. K. Bell, of Charing-cross Hospital and Mr. Cooke's School of Anatomy.

PHYSIOLOGY ONLY.—J. M. Rogers Tilstone, R. E. Wickes, E. E. Wilbe, and A. W. Lemarchand, of St. Bartholomew's Hospital; J. S. Byass and F. S. Colton, of University College Hospital; C. Lichel and H. G. Biddle, of Guy's Hospital; T. Prescott and J. B. M. Kennedy, of King's College Hospital; W. D. Lockhart, A. R. Chater, and H. J. L. Bullen, of St. Mary's Hospital; W. White, of Middlesex Hospital; W. F. E. Milton and J. R. Scott, of St. Thomas's Hospital.

The following passed the examination on April 12th:—

ANATOMY ONLY.—C. W. Grant, E. W. Everett, A. O. Hubbard, and J. R. S. Frazer, of St. Bartholomew's Hospital; C. E. M. Hey, A. E. F. F. Huntsman, and E. M. Knott, of St. Mary's Hospital; E. J. MacGrath and J. E. Ellis, of St. George's Hospital; G. Padmore, of St. George's Hospital and Mr. Cooke's School of Anatomy; E. B. Smith, F. Dove, and C. J. W. Hirsch, of London Hospital; E. M. Brooke, F. A. Osborne, and W. A. Higgs, of Guy's Hospital; J. Yeomans, of University College; E. C. MacLeod, of Westminster Hospital; A. E. McFarlane, of Middlesex Hospital; and E. D. Dunn, of St. Thomas's Hospital.

PHYSIOLOGY ONLY.—S. A. Ord-Mackenzie, A. S. Jones, and A. C. Black, of University College; B. F. Parish, L. A. Francis, E. G. Boon, and G. R. M. Gideon, of St. Mary's Hospital; J. Wells and S. E. Stroute, of London Hospital; J. H. Roberts and C. E. Pollock, of Guy's Hospital; S. Gresswell and A. R. Bodger, of St. Bartholomew's Hospital; J. W. Williams, of Middlesex Hospital.

The following passed the examination on April 13th:—

ANATOMY AND PHYSIOLOGY.—J. Grimshaw, of London Hospital.

ANATOMY ONLY.—B. Henry and H. F. Luckie, of St. Bartholomew's Hospital; C. E. Salter, of Guy's Hospital; E. C. Walter, J. S. Bradish, E. P. Isaacs, and A. S. Gedge, of St. Thomas's Hospital; G. E. Gillett, R. Jackson, P. A. Green, J. E. S. Passmore, E. J. F. Moore, and C. H. Hemming, of London Hospital; P. C. Nicholls, of Charing-cross Hospital; A. J. Lattey, H. W. Roberts, and G. Y. C. Hunter, of St. George's Hospital; H. G. Beville, of St. George's Hospital, and Mr. Cooke's School of Anatomy; G. S. Bowker, of Middlesex Hospital.

PHYSIOLOGY ONLY.—H. Hodgson, of Guy's Hospital; H. E. Burch, A. C. Durham, W. Watkins, and A. Plumbe, of London Hospital; J. H. Hadaway, of Middlesex Hospital; R. H. Collins, of Charing-cross Hospital; H. J. Curtis, of University College Hospital.

COLLEGE OF PHYSICIANS IN IRELAND.—At the April examinations the following obtained licences in Medicine and Midwifery of the College:—

MEDICINE.—Archibald Douglas McLeod and Wm. George Rutherford.
MIDWIFERY.—Edward A. Crampton Baylor, Joseph Wm. Gallagher, E. Julius Jacob, and Wm. George Rutherford.

The undernamed has been elected a Fellow of the College:—

G. P. L'E. Nugent.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At a recent meeting of the Court of Examiners the following was admitted to the Fellowship:—

Robert Thomas Alexander O'Callaghan.

EDINBURGH UNIVERSITY.—The honorary degree of Doctor of Laws has been conferred on Professor Sir Wm. Aitken, F.R.S., and Emeritus Professor W. H. Walshe, M.D.

UNIVERSITY OF CAMBRIDGE.—It is proposed that Mr. Justice Denman, Professor Adams, Dr. Jebb (Professor of Greek in the University of Glasgow), and Professor Middleton should be appointed representatives of the University at the celebration of the 800th anniversary of the foundation of the University of Bologna to be held in June next.

THE opium trade with China was strongly condemned at a recent meeting of the clergymen and ministers of Bristol.

THE Grimsby and District Hospital has been presented with the cost of a new wing by the Mayor of that seaport.

BEQUEST.—Mrs. Clegg, of Greenfield House and Burnley, who died last week, bequeathed £500 to the Victoria Hospital.

CHILDREN'S HOSPITAL, PADDINGTON-GREEN.—A parcel of ground has been acquired for the purpose of placing thereon a convalescent branch in connexion with this hospital.

THE festival dinner of the Royal Sea-bathing Infirmary at Margate was held on the 19th inst. at the Hôtel Métropole, his Royal Highness the Duke of Cambridge presiding. During the evening subscriptions to the amount of nearly £1300 were announced.

HOSPITAL SATURDAY, SHEFFIELD.—The first return of the collections (the twelfth year) on Saturday, the 21st instant, on behalf of the medical charities, amounted to £833 8*s.* 2*d.*, against £873 6*s.* last year, a decrease of about £40.

THE suicide, by cutting his throat with a razor, of Dr. Arthur Martin of Liverpool is reported. The deceased, who was thirty years of age and unmarried, committed the rash act at the house of Dr. Saunders, at Crail, Fifeshire, where he was staying for a few days.

THE WOMEN'S JUBILEE OFFERING.—At a largely attended meeting of the general committee of the Women's Jubilee Offering on the 20th inst. the necessary resolutions were passed to enable the trustees to carry out the instructions of the committee by the transfer of £70,000 to the Queen's Nursing Fund.

HOSPITAL FOR SICK CHILDREN AND WOMEN, BRISTOL.—The committee of this institution is making a special appeal for contributions for £2000, required to discharge the existing incumbrance on the new buildings. Mr. Chas. Wathen (the Mayor) has promised £200, subject to the remainder being forthwith raised.

GIFTS TO MEDICAL CHARITIES.—At a meeting of the Yorkshire County Football Committee, held at Leeds on Monday last, it was resolved to make the following donations from the proceeds of the Challenge Cup Committee: £200 to the Leeds Infirmary, £120 to the Bradford Infirmary, £100 each to Clayton Hospital (Wakefield), the Halifax Infirmary, the Huddersfield Infirmary, the Hull Infirmary, and the Dewsbury Infirmary; £75 to the York County Hospital, and £50 to the Batley Cottage Hospital.

CITY ORTHOPÆDIC HOSPITAL.—The thirty-sixth anniversary festival of this institution was held on the 19th inst., under the presidency of the Lord Mayor. During 1887 the charity received £1547, but owing to certain structural alterations in the building the expenditure had exceeded the income by £236. During the year 2500 cripples were admitted as out-patients. Subscriptions and donations amounting to £937 were announced during the evening, this sum being the largest ever received at these festivals.

FOOTBALL CASUALTIES.—During a football contest on the 21st inst., on the ground of the Moldgreen Football Club, near Huddersfield, a young man, a school teacher of Meltham, had his left leg broken, and was removed to the infirmary.—At an inquest held on Tuesday, at Willesden, on the body of William Richard Alborough, aged sixteen years, whose death was the result of a football accident in March last, and caused by concussion of the brain, a verdict of "Accidental death through football" was returned.

HOSPITAL FOR SICK CHILDREN.—The festival dinner of this hospital was held on the 25th inst. at Willis's Rooms, under the presidency of the Bishop of Peterborough. The amount of benefit conferred by this charity on the juvenile sick may be inferred from the fact that during the last year no fewer than 57,700 little patients received treatment by the medical staff. A sum of £15,000 is needed to provide funds for the building of a new wing, which is urgently required. The subscriptions announced during the evening amounted to £2465.

ANGLO-DANISH EXHIBITION.—The Danish Government has decided to send a man-of-war to England in order that the sailors may take part in the ceremonial at the opening of the Exhibition by the Princess of Wales, to be held, as we have already stated, for the benefit of the funds of the British Home for Incurables, South Kensington. The vessel will be to a large extent manned by cadets, members of some of the best families of Denmark, and including Prince George, second son of the King of Greece, and a prince of the reigning house of Siam, both of whom are being trained in the Danish navy.

PRESENTATIONS.—Dr. C. S. W. Cobbold, medical superintendent of the Asylum for Idiots, Earlswood, Redhill, Surrey, has been presented on his resignation, by the members of the staff, with a handsome spirit stand, claret jug, and salver, and an address (printed in gold leaf and framed in the asylum workshops), as a testimonial of esteem and regard.—At a meeting in connexion with Court "Mechanic's Hope," No. 2357, A.O.F., held at Landport on Wednesday evening, Br. Bond (Treasurer of the Court) presented, in eulogistic terms, to Dr. C. Knott (its medical officer) a four-branched silver candelabra and a silver-plated fish-slice and fork embossed with Dr. Knott's monogram, as a mark of the esteem of the members of the Court.—The members of Loyal Prince Albert Lodge, I.O.O.F., Wells, have just presented a handsome dining-room clock to Mr. G. V. Risdon, as a recognition of his valued services to the members during sickness. Mr. Risdon's attendance on the members has ceased in consequence of the dissolution of partnership with Dr. Purnell.

GLASGOW EAR HOSPITAL.—The annual meeting of the subscribers to this institution was held on the 18th inst., Mr. Charles M. King of Antermony in the chair. Both medical and directors' reports were read, and showed that the hospital is in a very flourishing condition. Dr. Barr's report showed that in the out-door or dispensary department there were 789 patients, an increase of 83 over the previous year; while in the in-door department there were 57 admissions, an increase of 5. During the year there were in all 4910 consultations made by the medical staff, an increase of 15 per cent. Connected with ear diseases, many nasal and throat affections were also treated. It was reported that the course of instruction carried on by Dr. Barr had been largely attended, 75 names, including not only medical students but medical men also, were enrolled. The income for the year, including legacies, was £425 18*s.* 8*d.*, while the expenditure amounted to £343 18*s.* 6*d.* Notwithstanding an increase of patients, the expenditure was, by strict economy, rather under that of last year. By means of £27 derived from a special entertainment, a first-class model of the ear and a good microscope have been added to the appliances of the institution, and with the balance suitable electrical apparatus for examining and treating patients are to be procured.

MEDICAL NOTES IN PARLIAMENT.

The Royal College of Surgeons.

IN the House of Lords on the 23rd inst. Viscount Cranbrook, in reply to Lord Sudeley, said that the petition of the Royal College of Surgeons was not for a new but for a supplemental Charter. The points raised in it, though of some importance to surgeons, were not, however, of such a nature as could properly be referred to the Commission about to be appointed to consider the question of the formation of a new university.

The Spread of Infectious Diseases.

In the House of Commons, on the 19th inst., Mr. Brunner asked the President of the Local Government Board whether his attention had been called to the report of Dr. John Makinson Fox, medical officer of health to the Northwich rural sanitary authority, on the 13th inst., in which he recounted the difficulties he experienced in protecting the public from the spread of infectious disease through the absence of a compulsory notification to medical officers of health of the occurrence of cases of such disease, and declared that the law appeared to care less for the health of human beings than for that of swine; and whether he could hold out any hope that that defect in the law might be speedily remedied.—Mr. Ritchie, in reply, stated that his attention had been called to the report referred to, and that the Government hoped to be able to introduce a Bill to deal with the compulsory notification of infectious disease.

The Public Health Bill.

In the House of Commons on the 20th inst., Mr. Francis S. Powell gave notice that after the second reading of the Public Health Bill, which contains provisions for the notification of infectious diseases, he would move that the same be referred to the Police and Sanitary Committee, with instructions that the Committee take the Bill into consideration, and report thereon at the earliest date.

Cremation.

Mr. Matthews, in reply to Dr. Cameron, said he was advised that cremation was not necessarily illegal, and he should not therefore take upon himself to refuse leave to exhume a body merely because the relatives intended to cremate instead of re-inter.

Prison Surgeons.

On the 23rd inst., in reply to Dr. Clark, Mr. Jackson said that it would not be possible within the limits of an answer to elaborately compare the salaries of prison surgeons in the three kingdoms. The prisoners in the larger Scotch prisons are not as numerous as those in England. Several first-class prisons in England contain over 1000 prisoners, whereas the largest Scotch prison contains only 735 prisoners, and the next two contain 550 and 450 respectively. Several of the largest English and Irish prisons, unlike those in Scotland, contain convicts.

Contagious Diseases Acts in India.

On the 24th inst., in reply to Mr. J. Stuart, Sir J. Gorst stated that he had received the reply of the Government of India to the communications of the India Office on the subject of the repeal of the Contagious Diseases Acts in that country, and asked for notice of any further questions on the subject.

The Sweating System.

On Thursday, Mr. William Corbet asked the Secretary of State for the Home Department if he will inquire as to the facts stated in THE LANCET of the 14th inst. in regard to the "sweating dens" of Liverpool, Manchester, and other places in connexion with the tailoring trade, with a view to some means being devised by Government intervention to ameliorate the condition of the victims of the system, especially with reference to the insanitary places in which they have to live and work.—Sir Henry Roscoe asked a supplementary question: Whether, seeing that the supervision of workshops had been taken out of the hands of the local authorities and placed under the direction of the Home Secretary and the factory inspectors, any report had been received as to these sweating dens.—The Home Secretary, in reply, asked for notice of the latter question. He had called for a report on the sweating dens in the metropolis some time ago.—Sir H. Roscoe said he was referring to Manchester and Liverpool.—Mr. Matthews said, in reply to the question on the paper, that the attention of the Chief Inspector of Factories had been called to the article in THE LANCET, and he was informed that the principal evils alleged were beyond the control of the inspectors under the existing laws. A waistcoat maker somewhat answering the description given in THE LANCET had recently been discovered, and immediate steps had been taken to remove some of the girls to other rooms. The migration of sweaters from one street to another made it very difficult for the inspectors to discover their whereabouts and secure the enforcement of the law. This question was now engaging the attention of a Select Committee of the House of Lords; and after their report had been received it would be for the Government to consider whether, by legislation or otherwise, the evils complained of could be ameliorated.

Appointments.

Successful applicants for Vacancies, Secretaries of Public Institutions, and others possessing information suitable for this column are invited to forward it to THE LANCET *Office, directed to the Sub-Editor, not later than 9 o'clock on the Thursday morning of each week for publication in the next number.*

BAILEY, T. R., M.B. and C.M.Ed., has been appointed Medical Officer of Health for Bilston.

BARON, BARCLAY J., M.B.Edin., has been appointed Lecturer on Pathology and Morbid Anatomy in the Bristol Medical School.

BELL, J., M.R.C.S., L.R.C.P.Lond., has been appointed Assistant Medical Officer and Registrar to the Alice Memorial Hospital, Hong Kong.

BLACKBURN, JOHN, M.R.C.S., L.S.A., has been reappointed Medical Officer for Monk Bretton, Barnsley.

CHISHOLM, K. M., M.D.St.And., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for the Pilkington District of the Bury Union.

CLARKE, RICHARD A., L.K.Q.C.P.I., L.M., has been appointed Surgeon to the Teddington Cottage Hospital and Provident Dispensary, vice Mr. H. Holberton, resigned.

COMBER, ARTHUR W., M.R.C.S., has been appointed Medical Officer for the Heckfield District of the Hartley Wintney Union.

CREGAN, W. J., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for the First District of the Parish of Liverpool.

DAVIDSON, HAROLD, L.R.C.P.Lond., M.R.C.S., has been appointed Surgeon to the Teddington Cottage Hospital and Provident Dispensary, vice Dr. Whitney, resigned.

FACEY, W. E., B.A., M.B.Cantab., M.R.C.S., has been appointed Medical Officer to the All Saints' District of the Maldon Union.

FORBES, W. G., M.B. and C.M.Ed., has been appointed Medical Officer for the Stokesley District and the Workhouse of the Stokesley Union.

GROOM, H. T., M.R.C.S., L.S.A., has been appointed Medical Officer for the Garston District of the West Derby Union.

HOLDEN, J. SINCLAIR, M.D.Q.U.I., L.R.C.S.Ed., has been reappointed Medical Officer to St. Leonard's Hospital, Sudbury.

JONES, ROBERT, M.D.Lond., M.B., has been appointed Medical Superintendent of the Earlswood Asylum for Idiots, vice Dr. Cobbold.

LYNCH, J. COX, M.R.C.S., L.S.A., has been reappointed Medical Officer to St. Leonard's Hospital, Sudbury.

MANNING, PHILIP, M.B., M.R.C.S., has been appointed Junior House Surgeon to the Birkenhead Borough Hospital, vice H. Scurfield, M.B., C.M., resigned.

MARTLAND, THOMAS, M.R.C.S., L.S.A., has been appointed Dispenser of Medicines for the Wigan Union.

MENZIES, D. D., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer of Health for Inverkeithing.

MORTON, T., M.B., B.S.Dunelm, has been appointed Medical Officer to the Durham Union Workhouse, vice Dr. Jepson, resigned.

STABLES, W. W. G., L.R.C.P.Ed., M.R.C.S., has been appointed Medical Officer for the Heckington District of the Sleaford Union.

SWALES, PETER, M.R.C.S., L.S.A., has been appointed Medical Officer of Health for Queenborough.

WATSON, T. A., M.B. and C.M.Edin., has been appointed Assistant Medical Officer to the Infirmary of the Woolwich Union.

Vacancies.

In compliance with the desire of numerous subscribers, it has been decided to resume the publication under this head of brief particulars of the various Vacancies which are announced in our advertising columns. For further information regarding each vacancy reference should be made to the advertisement.

BURY DISPENSARY HOSPITAL.—Junior House Surgeon. Salary £60, with board (except beer), furnished apartments, and washing.

CROYDON GENERAL HOSPITAL.—House-Surgeon. Salary £100, increasing £10 per annum up to £120, with board and residence in the hospital.

GENERAL HOSPITAL, Birmingham.—Resident Surgical Officer. Salary £130 per annum, with residence, board, and washing. Also Assistant House Surgeon. No salary, but residence, board, and washing.

HERTFORD BRITISH HOSPITAL, Paris.—House Surgeon.

HOSPITAL FOR EPILEPSY AND PARALYSIS, 32, Portland-terrace, Regent's-park.—Assistant Physician and Registrar.

HULL ROYAL INFIRMARY.—Junior Assistant House Surgeon. Salary £50, with board and lodging.

NEWPORT COUNTY INFIRMARY.—House Surgeon—out-visiting district attached. Salary £100 a year, with board and residence.

NORTH-WEST LONDON HOSPITAL, Kentish-town-road.—Senior Resident Medical Officer. In the event of the Assistant Medical Officer being promoted to the senior post, candidates should state if they will take the junior appointment.

ROYAL FREE HOSPITAL, Gray's-inn-road.—Additional Assistant Physician and additional Assistant Surgeon. Both required to give instruction to students of the London School of Medicine for Women.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City-road.—Junior House Physician. Appointment for six months. Salary at the rate of £30 per annum, with board and lodging.

Births, Marriages, and Deaths.

BIRTHS.

BARTLETT.—On the 20th inst., at Connaught-square, W., the wife of Edward Bartlett, M.R.C.S., of a daughter.

BINDLOSS.—On the 15th inst., at New-cross-road, the wife of Edmund F. Bindloss, M.R.C.S., L.R.C.P., of a son.

COOPER.—On the 19th inst., at Stainton Lodge, Blackheath, the wife of Peter Cooper, L.R.C.P.Lond., M.R.C.S., of a son.

HOLLIS.—On the 21st inst., at Cambridge-road, Brighton, Fanny, the wife of W. A. Hollis, M.D., of a daughter.

UHTHOFF.—On the 17th inst., at Brunswick-place, Brighton, the wife of John Caldwell Uhthoff, M.D., of a son.

WORNUM.—On the 17th inst., at 6, College-terrace, Belsize-park, Hampstead, N.W., the wife of George Porter Wornum, M.R.C.S.Eng., of a son.

MARRIAGES.

GARSON—SHERIDAN.—On the 18th inst., at St. Matthias', Earl's Court, John George Garson, M.D., V.P.A.I., of Bea, N.B., and Suffolk-street, Pall-mall, to Florence Mary, eldest daughter of John Sheridan, Esq., of the Middle Temple, and Haroldstone House, Earl's Court.

HOOPER—HEYMANN.—On the 1st ult., at Melbourne, Victoria, J. W. Dunbar Hooper, L.R.C.P. & S.Ed., to Mathilde, daughter of the late Antoine Heymann, of Neuchâtel, Switzerland.

MCGEAGH—HOWARTH.—On the 19th inst., at Trinity Church, Horwich, Bolton-le-Moors, by the Rev. H. S. Pigot, M.A., Vicar, James Paul McGeagh, M.D., M.Ch., of Stoneycroft, Liverpool, to Mary, eldest daughter of Wm. Howarth, of Wallsuches, Horwich.

ORTON—JACKSON.—On the 19th inst., at St. George's, Birmingham, Francis J. J. Orton, M.B., M.R.C.S., to Fanny, only child of J. Jackson, M.D., M.R.C.P., of Birmingham.

DEATHS.

HORNIBLOW.—On the 20th inst., Wm. Hornblow, L.S.A., of Shipston-on-Stour, aged 82.

LAMMIMAN.—On the 22nd inst., at Reservoir-road, Brockley-rise, Robert White Lammiman, M.R.C.S., L.S.A., in his 68th year.

WADDELL.—On the 15th inst., at Longton, Staffordshire, John Craig Waddell, M.D., eldest son of the late John Craig Waddell, of Rosemount, Airdrie, Solicitor, in his 40th year.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

Medical Diary for the ensuing Week.

Monday, April 30

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10.30 A.M., and each day at the same hour.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M. and each day at the same hour.

CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2.30.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.; Tuesday, 2.30 P.M.

HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITALS.—Operations, 2 P.M., and each day in the week at the same hour.

SOCIETY OF ARTS.—8 P.M. Mr. G. Aitchison: Decoration. (Cantor Lecture.)

MEDICAL SOCIETY OF LONDON.—8.30 P.M. Clinical Night. The President (Sir William Mac Cormac): A case of Osteo-plastic Resection of the Foot (method of Mickulitz).—Mr. Edmund Owen: Case of Reducible Lumbar Hernia cured by Operation.—Dr. Hadden: Case of Eclampsia Nutans.—Dr. Herringham: A case of Obstructive Jaundice with Enlarged Gall Bladder. Cases also by Dr. Heron and others.

Tuesday, May 1.

GUY'S HOSPITAL.—Operations, 1.30 P.M. and on Friday at the same hour. Ophthalmic Operations on Monday at 1.30 and Thursday at 2 P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.

CANCER HOSPITAL, BROMPTON.—Operations, 2.30 P.M.; Saturday, 2.30 P.M.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Consultations, Monday, 2.30 P.M. Skin Department, Monday and Thursday, 9.30 A.M.

ROYAL INSTITUTION.—1.30 P.M. Annual Meeting. 3 P.M. Mr. Walter Gardiner: The Plant in the War of Nature.

THE PARKES MUSEUM OF HYGIENE.—8 P.M. Mr. Charles E. Cassal: Food (including Milk), Sale of Food and Drugs Act.

PATHOLOGICAL SOCIETY OF LONDON.—8.30 P.M. Mr. Doran: Malignant Disease of Fallopian Tubes.—Mr. Bruce Clarke: Sloughing of Bladder following Cystitis.—Mr. Silcock: Cystic Disease in Testis.—Mr. J. Hutchinson, jun.: Dupuytren's Fracture.—Dr. N. Moore: Examples of Several Forms of New Growth.—Dr. Coats: (1) Multiple Cancer of Brain, Lungs, Bones, &c.; (2) Primary Cancer of Brain.—Dr. Crooke: Primary Cancer of Liver.—Dr. Turner: Extreme Contraction of Orifices of Coronary Arteries.—Dr. Pearse: Advanced Surgical Kidneys.—Mr. Bland Sutton: Mammæ in Dermoid Cysts. Card Specimens:—Dr. Crooke: Perihepatitis, with Cirrhosis of Liver.—Dr. H. Habershon: Malformation of Heart and Kidney.—Mr. Dunn: Cerebral Tumour.—Mr. Shattock: (1) Cyst in Corpus Luteum; (2) Two Specimens of Hammer-toe.—Mr. Lunn: Pemphigus of Larynx.—Mr. Mansell Moullin: (1) Osteoma of Skin; (2) Bladder with Vesical and Prostatic Calculi.—Mr. J. H. Morgan: Ulceration of Bladder.

Wednesday, May 2.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesday and Thursday, 1.30 P.M. Surgical Consultations, Thursday, 1.30 P.M.

ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.

LONDON HOSPITAL.—Operations, 2 P.M.; Thursday & Saturday, same hour.

GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.

KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.; Friday, 2 P.M.; Saturday, 1 P.M.

CHILDREN'S HOSPITAL, GREAT ORMOND-ST.—Operations, 9 A.M.; Saturday, same hour.

OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Specimens will be shown. Dr. Cullingworth: Cyst connected with the Uterus, and simulating Enlargement of that Organ.—Mr. Bland Sutton: The Glands of the Fallopian Tubes and their Function.—Dr. Scougal: A case of Hemiplegia after Parturition.

SOCIETY OF ARTS.—8 P.M. Mr. T. R. Ablett: Drawing, a Means of Education.

Thursday, May 3.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. Ophthalmic Operations, Friday, 1.30 P.M.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

THE PARKES MUSEUM OF HYGIENE.—5 P.M. Prof. T. Hayter Lewis: Ancient and Mediæval Towns.

ROYAL INSTITUTION.—3 P.M. Prof. Dewar: The Chemical Arts.

HARVEIAN SOCIETY OF LONDON.—8.30 P.M. Mr. Watson Cheyne: The Treatment of Spinal Abscess.—Mr. C. J. Symonds: On some Obscure Cases of Painful Feet.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—8.30 P.M. Living and Card Specimens at 8 P.M.:—Mr. W. J. Collins: (1) Rare Affections of the Eyelids (photographs and drawings); (2) Case of Paralysis of the Fifth Nerve, with Cataract.—Mr. J. B. Lawford: Pathological Specimens.—Mr. S. H. A. Stephenson: Case of Optic Neuritis after Measles. Papers:—Mr. Charles Higgens: On a case of Melanotic Sarcoma of Eyeball.—Mr. M. McHardy: (1) Primary Tuberculosis of Choroid treated by Enucleation, recovery; (2) On a Simple Expedient for enhancing the Cosmetic Effect of Artificial Eyes.—Dr. Hill Griffith: Eye Symptoms in Hysteria and Allied Conditions.

Friday, May 4.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
THE PARKES MUSEUM OF HYGIENE.—8 P.M. Mr. Shirley F. Murphy: Infectious Diseases and Methods of Disinfection.
WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—8 P.M. Pathological Specimens:—Mr. Percy Dunn: (1) Scirrhous Growth in Rectum; (2) Caseous Deposit in the Lung of a Child; (3) Large Hernial Sac and Testis removed during life. Clinical Cases:—Mr. Bruce Clarke: Multiple Exostoses occurring in three members of the same family.—Mr. Van Buren: Nævoid Growth in the Lower Jaw.—Mr. Swinford Edwards: Operation for Fistula in Ano.—Mr. Percy Dunn: Complete Irideremia.—Mr. W. Lang: Disease of the Conjunctiva and Cornea.—Mr. Jonathan Hutchinson will communicate matter of clinical interest.—Mr. Swinford Edwards: On the Treatment of Piles by Injection.—The President (Mr. Keetley): On a case of Wound (intra-peritoneal) of the Urinary Bladder treated by Suture.
SOCIETY OF ARTS.—8 P.M. Surgeon-General H. W. Bellew: The Injurious Effects of Canal Irrigation on the Health of the Population of the Punjab.
ROYAL INSTITUTION.—9 P.M. Mr. J. K. Laughton: The Invincible Armada—a Tercentenary Retrospect.

Saturday, May 5.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Carl Armbruster: The Later Works of Richard Wagner. (With Vocal and Instrumental Illustrations.)
NEUROLOGICAL SOCIETY OF LONDON.—4.30 P.M. Prof. Schäfer: On the Visual Area of the Cerebral Cortex.—Mr. E. P. France: A Modified Weigert Staining Process; Degenerations following Lesions of the Marginal Gyrus.—Dr. Beevor: Sections of Brain Stained by Pal's Modification of Weigert's Method.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, April 26th, 1888.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Apl. 20	29·59	S.W.	47	45	87	54	44	·69	Overcast
,, 21	29·73	S.W.	46	44	81	55	43	·02	Cloudy
,, 22	29·74	N.E.	45	43	65	47	42	...	Overcast
,, 23	29·75	N.E.	44	42	...	50	42	·12	Overcast
,, 24	29·85	E.	47	47	...	48	42	·39	Overcast
,, 25	30·00	N.E.	42	40	...	52	39	...	Overcast
,, 26	30·16	N.E.	42	38	57	43	38	...	Cloudy

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editors."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for insertion or for private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked and addressed to the Sub-Editor.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "to the Publisher."*

We cannot undertake to return MSS. not used.

POLYPHARMACY.

WE should like to see the original prescription. A case requiring medicine containing thirteen drugs must have been what in common language is called "a complication."

Mr. C. W. Graham.—We must refer our correspondent to our advertising columns.

MATERNAL IMPRESSION (?)

To the Editors of THE LANCET.

SIRS,—The following interesting case has come under my notice lately. During last year I attended a patient who was delivered of a child with well-marked hypospadias. Present at the confinement was a young married lady, who was in the early months of pregnancy, and frequently expressed to me her wish that her child might not be similarly affected. A few days since I was called to the confinement of the young wife, and, to my surprise, on examining the child, he, too, was similarly deformed. I have shown these cases to several of my friends, and all agree that they are well-marked cases of hypospadias. The question arises, "Has maternal impression anything to do with these cases, or is it simply a remarkable coincidence"?—Yours truly,

Newcastle-on-Tyne, April 18th. CHARLES WICKS, L.R.C.P., &c.

THE DOCTOR'S DEATH-RATE.

THE Gotha Life Assurance Bank publishes some statistics of the mortality amongst its policyholders during 1887. From these it appears that the mortality of the medical members was 11·53 per cent. above the average of that of all the members taken together. The classes of disease to which this higher rate of mortality was due were diseases of the respiratory organs, phthisis, and infectious diseases, "typhus" having proved especially fatal to the younger members of the profession. There was only one case of post-mortem poisoning out of 1052 deaths; and this was that of a district physician. Cerebral apoplexy was remarkably frequent, beginning as early as thirty-six years of age. There were 14 cases of suicide and 4 of accidental death. These are, however, below the general average.

LETTERS from *Dr. Gayton* and *Mr. Sweeting* on Infectious Disease Hospitals, and other communications, are unavoidably held over till next week.

"MIDWIVES' MIDWIFERY."

To the Editors of THE LANCET.

SIRS,—A case somewhat similar to that reported in THE LANCET last week lately came under my observation.

On January 24th, at 2.30 P.M., I was sent for hurriedly to a case where the child was born. I was not in at the time, but met the messenger on my return home and went with her at once. On entering the house I found the woman had been delivered three hours previously. The extremities were cold. She was pulseless, and had evidently lost a great quantity of blood. The placenta was adherent and the midwife had been endeavouring for two hours to extract it, and had succeeded so far as to get it into the bed with the womb inverted and a portion of the placenta still attached. During the midwife's last effort the woman fainted. She then left her alone, but took the precaution to remove all the clots of blood and the bedclothes saturated with it. I learned from those about her that the loss had been very great, and that the midwife had been with her all the previous night and had been asked to send for a doctor. After my arrival the woman seemed to breathe for a minute or so, and then attempted to turn, and died. The midwife is not registered but has a plate on the door. Instead of the above acting as a warning, I may state that the sister of the same woman nearly lost her life from the same cause last month, a midwife being in attendance. I removed the placenta, which was adherent, and the woman made a good recovery.

Another case came under my notice. On March 4th, about 5 A.M., I was sent for to a Mrs. B——, who had been in labour all night, a midwife being in attendance. The woman being very ill, at the husband's request and with the consent of the midwife, I was asked to come at once. As the woman was losing very much, I at once got out of bed and went. On my arrival at the house (which would be about half an hour from the time I received the message), I found the woman dead. On examination I found that presentation was natural; the os was well dilated and filled by the head and part of the placenta, the placenta adhering to the left side, but detached from the right.

The case was evidently one of placenta previæ, and probably the early application of the forceps would have saved the woman. The midwife was registered.

I remain, Sirs, yours truly,

Sunderland, April, 1888. JOHN RANKIN, L.R.C.P.

THE MARSHALL AND SHAW FUND.

To the Editors of THE LANCET.

SIRS,—Will you be kind enough to give publicity to the following additional list of subscriptions to the above fund. Mr. W. R. Ackland's subscription of two guineas was inadvertently acknowledged as one guinea in the last list.

I am, Sirs, yours truly,

April 24th, 1888. W. H. HARSANT, Hon. Sec.

Amount acknowledged	£252	6	6	Luffman, W. C.	£1	1	0
Baretti, T. G. L. ...	1	1	0	Manning, H. J.	1	1	0
Begbie, Frank W. ...	1	1	0	Mason, F.	2	2	0
Blacker, A. E.	1	1	0	Metford, J. Seymour ...	2	2	0
Bright, J. M., M.D. ...	1	1	0	Rawson, George	3	3	0
Buzzard, Thomas, M.D.	5	0	0	Rowley, Professor ...	1	1	0
Corbould, G. G.	3	3	0	Ruddock, R. B.	2	2	0
Duncan, W. R.	0	10	6	Rudge, C. K.	1	1	0
Fairbanks, W., M.D. ...	0	10	6	Sheppard, E. J.	1	1	0
Greenwell, Rev. A. ...	5	0	0	Smith, Thomas	3	3	0
Hetling, H. E.	1	1	0	Stansfeld, G. M.	2	2	0
Jenner, Sir Wm., Bt., K.C.B.	5	5	0	Wathen, J. Hancocke ...	2	2	0

BRITISH MEDICAL BENEVOLENT FUND.

To the Editors of THE LANCET.

SIRS,—I am constantly asked by the applicants for grants or other help from this fund whether I have any cast-off clothing to give away; and I would venture to appeal to any of your readers who may have ladies' bonnets, hats, jackets, dresses, or underclothing of any description, or men's great coats, suits, or underclothing, to send them to me. The destitute state of many of these poor people is truly pitiable; and as our funds are limited, the amount given is limited likewise. This assistance may, however, be materially increased by the addition of a few clothes, and the poor souls made happy by the receipt of things which are no longer of use to some but are priceless to them. I would gladly acknowledge and distribute anything that may be sent.

I am, Sirs, yours faithfully,

16, Upper Berkeley-st., W., April 24th, EDWARD BAST, Hon. Sec.

HEAVY MEALS AND WEAK HEARTS.

To the Editors of THE LANCET.

SIRS,—Allow me to say in connexion with, or rather in continuation of, Dr. Harley's very timely and judicious remarks on these points in your issue of the 24th ult., that I dwelt on the same danger in my paper on "Sudden Death" that appeared several years since in the now defunct series (so much is the pity) of that erewhile practical and fruitful publication the *Indian Annals of Medical Science*. In that paper I gave several illustrations in point, the outcome of all of which was to show that "most of the cases where patients labouring from heart disease are found dead in bed—soon after partaking of a hearty meal—are due to the effects of pressure upon the heart"; and the recent very sudden death of a gentleman well known "on 'Change" is, I fear, an additional proof, were any such wanting, of the risk or the strain that is imposed on weak or waning hearts by this abnormal or unseasonable consumption of animal food, *alias* butchers' meat.

Let me give a few more illustrations in point, and add as the result of my own inquiries as to the causes of sudden death that the literature of the subject is both copious and suggestive. "The well-known chemist, Dr. Black, died suddenly, according to Dr. Doran ["Table Traits," p. 29] while partaking of his usually frugal breakfast, and we are told that there was neither convulsion, shock, nor stupor to announce or retard the approach of dissolution." I may mention, *per contra*, as well as by way of showing the danger of every effort or exercise of this kind that the famous Confederate General Lee "died suddenly ["Essays on Military Biography," by Major C. C. Chesney, p. 19] while he was in the act of saying grace preparatory to dinner. So true is it, as Dr. Burney Yeo says, that "the balance of the organic functions upon which the maintenance of life depends is very easily disturbed (in advanced life), and that death is often induced (during the same) by some quite trivial act or circumstance," that it would otherwise, or at an earlier period, prove quite innocuous. Lord Loughborough died suddenly, according to Lord Campbell ("The Lives of the Chancellors," vol. vii., p. 203) "while he was sitting at table, and seemingly in his usual health. His head dropt on one side, he fell from his chair, and it was found," adds his not over-partial biographer, "that he was struck by an attack of gout in the stomach. He never spoke again, and he expired in a few hours, to the inexpressible grief of his family." I need say no more as to this gouty attack—this "mare's nest" of the older or less exacting obituarists. Describing the sudden death of a late member of our Royal Family (in which I may intimate, as the result of some personal study on the point, that sudden death is a "heritage of all their race") the Earl of Albemarle says ("Fifty Years of my Life," by George Thomas, &c., vol. i., pp. 213-14) that "on the evening of the 31st of October, 1766, the Duke of Cumberland proceeded *after dinner*.....to his house, to attend a Cabinet Council. Two others had just entered, when the Duke.....was seized with a shivering fit, and exclaiming, 'It is all over,' sank lifeless in his [Lord Albemarle's] arms." Readers of "The Public Life of Lord Macaulay" may perhaps remember that George IV. died with the exclamation to one of his attendants, "Is this death?" Thus he died; but whether this was during or after any repletion of this kind or not I am just now unable to say. To clinch this matter, I may here rehearse, almost as an eye-witness, a case of the kind that came under my own cognisance in the East. It was that of a trooper, who, having gorged freely on some festive occasion in barracks, went with some kindred spirits to carouse afterwards in the local bazaar. He here imbibed so much arrack, or other native abomination of that kind, that he became unconscious, or, at least, unable to return to his quarters on foot. But his slightly less inebriated companions were equal to the occasion. They seized a passing mule, and placed their comrade face downwards on its back. Needless to say that when they brought him to the guard-room of his corps he was found to be dead, or that a piece of half-digested meat, the size of a turkey's gizzard, was found on section in the œsophagus, just below the fauces.

The moral of it all is that elderly people whose hearts are weak or flabby, and who live in "populous cities pent," should dine betimes and sparingly. They should, further, eschew butcher's meat as far as possible, and take to soups and farinaceous food instead, and they should, above all, never go to bed with a distended or overloaded stomach.

I am, Sirs, your obedient servant,

Auriol-road, W., April 1st, 1888. W. CURRAN.

THE APOTHECARIES' HALL EXAMINATIONS.

To the Editors of THE LANCET.

SIRS,—I heartily endorse the letter of your correspondent, "Justice," which appeared in your last issue. I have now passed some ten examinations in Cambridge and London, and therefore have had some experience in these matters; and I can assure you it is to me a source of satisfaction to be able to publicly state the high opinion held, as to the character of the examinations of the Hall, by those who have been examined there, whether they have passed or been rejected. In my own case I had to go up to the Hall for the simple reason that I could not afford to pay the very heavy fees of the R.C.S. and R.C.P.

There is another important fact not generally known by students—viz., the Hall fees for the double qualification are £10 10s., and a man passing the entire examination becomes L.S.A. Lond., L.M.S. Lond. Thus a student, by going up for the Hall instead of the conjoint examination of the R.C.P. and R.C.S., is able to save about £15, which, in my own experience, is no small sum to a fourth-year's man in these bad times.

I am, Sirs, yours truly,

April 25th, 1888. B.A.CANTAB.

"HINTS TO SINGERS," ETC.

SEVERAL correspondents are anxious to be informed where they can obtain a copy of the pamphlet with the above title. In the notice we gave of it on the 17th ult. we inadvertently omitted to mention the name of the publisher, and, as the *brochure* has passed out of our possession, we are now unable to do so. Perhaps some one of our readers may be able to supply the information.

A Neighbouring Practitioner.—The case is one in which the preference of the patient must decide. It is a pity she had not selected her attendant beforehand, and avoided the unpleasantness described. But there is no discourtesy, and need be no dispute between two honourable neighbours.

R. S. P.—Mr. Crookes' address will be printed in an early number of the *Chemical News* (Boy-court, Ludgate-hill). Mr. Lockyer's paper on "Meteorites" appeared in *Nature*, Nov. 17th and 24th, 1887.

Robert Macnab, M.D.—A patient is entitled to particulars, and, if he pleases to press for them, should be supplied with them.

Subscriber has not enclosed his card.

Dr. Robert Park (Glasgow).—Yes, very soon.

SEMOLINA IN DIABETES.

To the Editors of THE LANCET.

SIRS,—Some time ago I had the opportunity of watching a case of persistent glycosuria very closely, and found that at a time when the ingestion of a very small amount of toast, bread, or other farinaceous food was sufficient to produce Fehling's test afterwards in the urine a large quantity of semolina pudding could be consumed without any such result. I was induced to try semolina after hearing of the method of its manufacture from an Edinburgh gentleman. As the quality of this food seems to me likely to vary, I ought to state that what was used in this case was obtained of an Edinburgh house, and was stated to be of the best. This I mention because, if carelessly prepared, no doubt much of the farinaceous element might be retained, though I am not aware that this ever is the case. Not having heard of semolina as a food in diabetes, I should much like to hear of anyone who may have tried it, and also would request other medical men to see if it can be given in other and more pronounced cases of diabetes with a like good result. If such were the case, as it could be cooked in various forms, or baked as bread, it would add considerably to a class of food which is at present only far too limited.

I remain, Sirs, yours very truly,

W. STANLEY ARMITAGE, L.R.C.P. & S. Edin.

Cambridge-square, W., April 18th, 1888.

FLATULENCE IN HEART DISEASE.

To the Editors of THE LANCET.

SIRS,—Although Dr. Goodridge in your last issue points out the danger arising from flatulence in cases of heart disease, he scarcely touches upon the treatment to be adopted. No doubt in many instances there is general congestion of the liver and other internal organs, associated naturally with weakened power of digestion, and it is advisable, provided there is no actual disease of the kidneys, to administer a little blue pill occasionally, and, in order to give tone to the stomach and help the peristaltic action of the intestines, a little nux vomica may with advantage be prescribed. Sulphuric ether, again, acts as a good diffusive stimulant, and often assists very materially in the dispersion of flatus. As regards food, it must be regulated carefully both as to quality and quantity. There must be a judicious admixture of liquids and solids, and the former should be introduced into the stomach in as far as possible a peptonised condition.—I am, Sirs, your obedient servant,

Surbiton, April, 1888. F. P. ATKINSON.

THE LUCE FUND.

To the Editors of THE LANCET.

SIRS,—In response to our appeal on behalf of the widow of Dr. Luce, we beg leave to acknowledge, with many thanks to the donors, the following subscriptions.—Yours truly,

W. T. SHEPPARD, M.D.,
64, Durning-road, Liverpool,
R. CATON, M.D.,
31, Rodney-street, Liverpool.

April 24th, 1888.

Dr. Caton	£5	5	0	Dr. Nevin	£1	1	0
Deputy Inspector-General Richardson	3	3	0	Dr. Stopford Taylor ...	1	1	0
Dr. Sheppard	2	2	0	Dr. J. J. Cox	1	1	0

THE TREATMENT OF DIPHTHERIA.

To the Editor of THE LANCET.

SIRS,—In connexion with your article on Professor Oertel's work on the pathology of diphtheria, I would mention that for some time past I have thought that mercury may prove to be the drug which will cure diphtheria. Two or three weeks ago I read a letter from some gentleman who had given mercurial treatment a short trial. In what paper I cannot say. Mercury is almost our best germicide; and as the system can be quickly put under its influence, I would venture to suggest that it should be largely tried in epidemics of diphtheria. It would be advisable to use inunctions as much as possible, thus saving the stomach for nourishment.

I am, Sirs, yours faithfully,

Canterbury, March 31st, 1888. PUGIN THORNTON.

"SUBSTITUTES FOR CANTHARIDES."

To the Editors of THE LANCET.

SIRS,—May I call your attention to two errors which occur in the notice of my note on "Two Vesicating Beetles from South Africa," which, under the above heading, appears in the columns devoted to Pharmacology and Therapeutics in THE LANCET for April 14th, p. 742.

In the first place, my paper was not communicated to the *American Journal of Pharmacy*, but was read before the British Pharmaceutical Conference at the meeting at Manchester in September last, and was published in the *Pharmaceutical Journal* for Sept. 17th, p. 247. Secondly, the beetles in question are not "two South American species," as your abstractor states, but are indigenous to the Cape of Good Hope, South Africa, whence they were imported. Since the publication of my note a medical practitioner in the colony has confirmed the fact of the very active vesicant action of mylabris bifasciata.

I am, Sirs, yours faithfully,

Southwark-st., S.E., April 18th, 1888. J. OLDHAM BRAITHWAITE.

THE HERITAGE FUND.

To the Editors of THE LANCET.

SIRS,—Will you be good enough to acknowledge the following donations towards the above fund, which have been received since you kindly inserted the appeal on the 14th inst. Further donations towards the relief of the family, which are greatly needed, will be gratefully received by Dr. G. C. Jonson, 16, South Eton-place, S.W., or by myself.

I am, Sirs, yours faithfully,

Forest-hill, S.E., April 24th, 1888. JOHN M. BRIGHT.

A Gentleman (on condition that £90 be collected)	£90	0	0
Arthur E. Durham, Esq.	5	5	0
Dr. J. F. Goodhart ...	2	2	0
Dr. H. Joy Clarke ...	1	1	0
Dr. F. De Havilland Hall	£1	1	0
G. Everitt Norton, Esq.	1	1	0
Mrs. Luscombe	1	0	0
M.B....	0	10	0
J. E. Kenyon, Esq. ...	0	10	0

"HARD TIMES IN THE PROFESSION."

To the Editors of THE LANCET.

SIRS,—Having carefully read the correspondence in THE LANCET on the above question, I should like to add my opinion, which is that the prescribing chemist is a great cause of the medical man's poverty. I enclose you a circular from a chemist; you will notice that he says he is at home for consultation from 10 to 6. This is so plain that it needs no comment. I really think it is time this sort of thing was put down. A few prosecutions of the delinquents would have a salutary effect upon those who impose on the public and rob the legally qualified and hard-working practitioner.

I am, Sirs, yours truly,

April 23rd, 1888. FAIRPLAY.

THE TUBERCLE BACILLUS.

To the Editors of THE LANCET.

SIRS,—I shall be obliged if any of your readers will kindly tell me where I can get the best information and illustrations of the tubercle bacillus.

I am, Sirs, yours sincerely,

Uxbridge, April 25th, 1888. MICROSCOPE.

ON TRACHEOTOMY TUBES.

To the Editors of THE LANCET.

SIRS,—Kindly allow me to correct the mistake I made in my paper in putting Frederick and Co. for Frederick Walters and Co. (Lambeth Palace-road and Moorgate-street).—Yours faithfully,

Canterbury, April, 1888. PUGIN THORNTON.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Playfair, London; Dr. Sturges; Mr. J. O. Braithwaite, London; Mr. Pugin Thornton, Canterbury; Mr. Bellamy, London; Messrs. Henderson and Sons, Edinburgh; Dr. Carne-Ross, Penzance; Dr. Gourley, West Hartlepool; Dr. Savage, London; Dr. Gayton, London; Sir Coutts Lindsay, London; Mr. B. East, London; Dr. A. J. Richardson, Hove; Dr. Reed, Broadstairs; Dr. Tyson, Folkestone; Mr. Greenway, Bournemouth; Mr. Woolcombe, Plymouth; Mr. Snell, Sheffield; Mr. W. Patterson, London; Mr. Sweeting, London; Dr. Macnab, Bury St. Edmunds; Dr. Barrs, Leeds; Mr. Todd, London; Dr. Lindsay Steven, Glasgow; Dr. Barr, Glasgow; Messrs. Fletcher, Fletcher, and Co., Holloway; Surgeon-Major Stevenson, Kasauli; Messrs. Bell and Bradfute, Edinburgh; Mr. E. A. Wright, Huddersfield; Mr. Bilton Pollard, London; Dr. A. Thompson, Ulverstone; Messrs. Armfield and Sons, Liverpool; Mr. Thorpe, Walthamstow; Mr. Lambert, Isle of Wight; Mr. L. Stretton, Kidderminster; Messrs. Maclachlan and Stewart, Edinburgh; Dr. Hartshorn, Kansas; Messrs. Robertson and Scott, Edinburgh; Mr. Permewan, Liverpool; Dr. Stooker, Liverpool; Dr. Macdougall, Carlisle; Mr. Lockwood, London; Mr. H. W. White, London; Dr. W. H. O. Sankey, Shrewsbury; Mr. G. Rendle, London; Mr. T. D. Pryce, Nottingham; Mr. J. Anderson, London; Dr. T. G. Garry, Liverpool; Dr. Hawkes, Northampton; Mr. Counsell, Lyss; Mr. R. Harrison, Liverpool; Mr. Greenhalgh, Bury; Mr. Webb, Bury; Mr. Lupton, Stratford-on-Avon; Mr. Harsant; Mr. Cornish, Manchester; Mr. Schall, London; Mr. Mercier, London; Mr. Abbs, Dewsbury; Mr. Peel, London; Mr. Graham, London; Mr. Hallett, Bath; Mr. Stilliard; Mr. Cook, London; Surgeon Blancard, Ramsgate; Fairplay; Another Observer; K. D., London; Medical Officer of the Local Government Board; Z., London; Sigma, London; Worcester General Infirmary; H.; Etiquette; A Neighbouring Practitioner; B.A. Cantab.; Microscope.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. Jessett, London; Mr. Hughes, London; Mr. Whear, London; Messrs. Wood and Son, Manchester; Mr. Wormald, Manchester; Messrs. Schweitzer and Co., London; Mr. Heywood, Manchester; Messrs. Mottershead and Co., Manchester; Mr. Hare, Edinburgh; Mr. Thompson, North Devon; Mr. Russell, London; Mr. Hugo, Reading; Mrs. Hurst, Southport; Mr. Scott, Manchester; Mr. Buden, London; Mr. Bury, Coleford; Dr. Coates, London; Alex., Northampton; Matron, Windsor; Pax, London; L. M., London; R., Newport; Domum, London; S. L., London; Nemo, London; Locum, Rochdale; Doctor, Suffolk; R. U., London; Medicus, London; Chemicus, Bradford; Medicus, Manchester; R., London; Alpha, Birmingham; W. M., London; India, London; X., London; Bradford Infirmary; Royal Albert Hospital, Devonport; P. P. P., London; Y. Z. A., London; Staffordshire, London; Basil, London; Alpha, Manchester; Oxon and Berks Bank; O. F. R., Barnsley; Chirurgus, London; Central Medical Association, Manchester; T. O., Oswestry; The *Journal* Office, Aberdeen; Queen's College, Birmingham; Alpha, London; Medicus, Chorley; M.D., London; A., London.

Herald and Weekly Free Press, Ramsgate and Margate Chronicle, Surrey Comet, Windsor and Eton Gazette, Hertfordshire Mercury, Surrey Mirror, The Scotsman, Advocate of India, Surrey Advertiser, Oldham Daily Standard, Sunday Chronicle, Richmond and Twickenham Times, East Lancashire Echo, Edinburgh Evening Dispatch, The Vegetarian, National Reformer, &c., have been received.

SUBSCRIPTION.

POST FREE TO ANY PART OF THE UNITED KINGDOM.

One Year ..... £1 12 6 | Six Months..... £0 16 3

To CHINA AND INDIA.....One Year 1 16 10

To THE CONTINENT, COLONIES, AND UNITED STATES ..... Ditto 1 14 8

Post Office Orders and Cheques should be addressed to The Publisher, THE LANCET Office, 423, Strand, London, and crossed "London and Westminster Bank, St. James's-square."

ADVERTISING.

Books and Publications (seven lines and under)... ...	£0 5 0
Official and General Announcements	0 5 0
Trade and Miscellaneous Advertisements	0 4 6
Every additional Line	0 0 6
Front Page... ... ... per Line	0 1 0
Quarter Page	1 10 0
Half a Page	2 15 0
An entire Page	5 5 0

The Publisher cannot hold himself responsible for the return of testimonials, &c., sent to the office in reply to advertisements; copies only should be forwarded.

NOTICE.—Advertisers are requested to observe that it is contrary to the Postal Regulations to receive at Post-offices letters addressed to initials only.

An original and novel feature of "THE LANCET General Advertiser" is a special Index to Advertisements on page 2, which not only affords a ready means of finding any notice, but is in itself an *additional* advertisement.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday, accompanied by a remittance.

Answers are now received at this Office, by special arrangement, to Advertisements appearing in THE LANCET.

Terms for Serial Insertions may be obtained of the Publisher, to whom all letters relating to Advertisements or Subscriptions should be addressed.

Advertisements are now received at all Messrs. W. H. Smith and Son's Railway Bookstalls throughout the United Kingdom and all other Advertising Agents.

Agent for the Advertising Department in France—J. ASTIER, 68, Rue Caumartin, Paris

NOTICE.—JOHN JAMES CROFT is no longer Publisher, or in any way connected with the Publishing or any other Department of THE LANCET. All business communications should be addressed to "Publisher, THE LANCET Office, 423, Strand, London." Post Office Orders and Cheques should be crossed "London and Westminster Bank, St. James's-square."